**Residential Fire Risk Assessment Form**

**Property Details:
Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Assessment Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Assessor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **Assessment Criteria:**

| **Area** | **Safe (✔)** | **Needs Attention (✔)** | **Comments** |
| --- | --- | --- | --- |
| **Smoke Alarms Installed** | **☐** | **☐** |  |
| **Fire Extinguisher Available** | **☐** | **☐** |  |
| **Kitchen Safety Practices** | **☐** | **☐** |  |
| **Electrical Safety** | **☐** | **☐** |  |
| **Clear Escape Routes** | **☐** | **☐** |  |

**Additional Fire Safety Measures:**

* **Emergency Contact Numbers Visible: ☐ Yes ☐ No**
* **Fire Blanket in Kitchen: ☐ Yes ☐ No**
* **Family Fire Escape Plan Practiced: ☐ Yes ☐ No**

**Recommendations:**

**Assessor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**