

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	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher Available	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen Safety Practices	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Clear Escape Routes	<input type="checkbox"/>	<input type="checkbox"/>	

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: _____