

# Small Business Fire Risk Assessment Form

## Assessment Details:

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_

## Premises Information:

Type of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Working Hours: \_\_\_\_\_

## Fire Hazards Identification:

Hazard	Present (✓)	Not Present (✓)	Comments
Flammable Liquids	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Heating Systems	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Poor Housekeeping</b>	<input type="checkbox"/>	<input type="checkbox"/>	
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**Fire Protection Measures:**

- **Fire Extinguishers:**  Yes  No
- **Smoke Detectors:**  Yes  No
- **Emergency Exits Clearly Marked:**  Yes  No

**Recommendations for Improvement:**

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**Assessor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_