

Workplace Fire Risk Assessment Form

Assessment Information:

Workplace Name: _____

Address: _____

Assessor's Name: _____

Date of Assessment: _____

Identification of Fire Hazards:

Potential Hazard	Present (✓)	Details	Control Measures in Place
Overloaded Electrical Circuits	<input type="checkbox"/>		
Flammable Materials Stored Improperly	<input type="checkbox"/>		
Blocked Emergency Exits	<input type="checkbox"/>		
Inadequate Fire Signage	<input type="checkbox"/>		

People at Risk:

- Employees: Yes No
- Visitors: Yes No

- **Vulnerable Individuals (elderly, disabled):** Yes No

Fire Response Preparedness:

- **Fire Wardens Appointed:** Yes No
- **Evacuation Plan Posted:** Yes No

Signature of Assessor: _____

Date: _____