

REGULATORY REFORM (FIRE SAFETY) ORDER 2005 (Less than five employed).

NAME of COMPANY: **RESPONSIBLE PERSON:**

ADDRESS (inc. postcode):

DATE OF FIRE RISK ASSESSMENT: **Tel. no:**

NAME OF PERSON CARRYING OUT THE FIRE RISK ASSESSMENT:.....

RECORD OF SIGNIFICANT FINDINGS.

ACTION PLAN FOR THE WORKPLACE:

Priority A: High priority; immediate action required for legislative compliance

Priority B: Medium priority; action required for legislative compliance or responsible fire safety management

Priority C: Low priority; action required, considered good fire safety practice

	LOCATION	HAZARD	PERSONS WHO MAY BE HARMED	PRIORITY RISK RATING	ACTION/CONTROL MEASURES REQUIRED	ACTIONED BY/DATE
1						
2						
3						
4						

Important: If in doubt seek professional advice.