

Company Name: Integrative Supported Living Care

Policy No: 03-4008	Authorised: Pellagia Margolis	Date: 15/01/2020
<b>FIRE RISK ASSESSMENT OF THE ORGANISATION'S FACILITIES</b>		

*This Policy summarises the arrangements in place within the Organisation's administrative facilities to ensure the safe management of fire safety through the use of risk assessments in accordance with The Regulatory Reform (Fire Safety) Order, 2005:*

1. To ensure compliance with *The Regulatory Reform (Fire Safety) Order, 2005*, the Domiciliary Care Services Manager is responsible for implementing fire risk assessments within the Organisation's office facilities.
2. For the purposes of the Regulations, the Domiciliary Care Services Manager is the competent person designated to carry out fire risk assessments and to implement any protective and / or corrective measures required by the Order.
3. Fire risk assessments will be carried out in accordance with the checklist schedule contained in *Form No 4-008*. This schedule approaches fire risk assessments from the following standpoints:
  - 3.1 Identifying fire hazards as:
    - sources of ignition;
    - sources of fuel;
    - sources of oxygen.
  - 3.2 Identifying the persons at risk within and around the premises that the Organisation occupies. Special attention should be paid to the needs of those who may be particularly at risk, such as those suffering from disabilities or impairments.
  - 3.3 Evaluating the risks involved from the standpoints of:
    - the risks of a fire occurring;
    - the risks to the people from the fire;
    - removing or reducing the fire hazards;
    - removing or reducing the risks to people:
      - fire detection and warning systems;
      - firefighting equipment and facilities;
      - escape routes.
4. *Form No 4-009* will be used to record a summary of the findings of the risk assessment, together with an action plan, responsibilities for implementing this action plan, and target completion dates for the action to be taken. This will be verified by the Domiciliary Care Services Manager as a "sign-off" to the risk assessment.
5. The risk assessment will be repeated on an annual basis.

**FORMS REFERENCES:**

*Form No: 4-008 Fire Risk Assessment - Office Facilities - Risk Assessment Schedule*  
*Form No: 4-009 Fire Risk Assessment - Office Facilities - Record of Findings & Action Plan*