TOTAL FIRE GROUP
RANGER FS COMPANY

Wythenshawe
Community Housing Group

TOTAL FIRE GROUP LTD

Fire Risk Assessment

Conducted at:

West View Court
West View Road
Wythenshawe
Manchester
M22 4LQ

25 March 2026

Fire Industry Association

BAFE FIRE SAFETY REGISTER
REGISTERED ORGANISATION
ID: 301159

NSI SILVER
UKAS PRODUCT CERTIFICATION 0142

Certificate Number	LS	0501481

Life Safety Fire Risk Assessment

Silver Approved Scheme

CERTIFICATE OF CONFORMITY

This certificate is issued by the Approved Company named in Part 1 of the Schedule in respect of the fire risk assessment provided for the person(s) or organisation named in Part 2 of the Schedule at the premises and / or part of the premises identified in Part 3 of the schedule.

SCHEDULE		
Part 1	**NSI Life Safety Fire Risk Assessment Silver Approved Organisation**	
	Total Fire Group Ltd	
	BAFE Registration Number	
	NSI 00330	
Part 2	**Name of Client**	
	Wythenshawe Community Housing Group Limited	
Part 3	**Address of premises for which the fire risk assessment was carried out**	
	West View Court, West View Road, Wythenshawe, Manchester, M22 4LQ	
	Part or parts of the premises to which the fire risk assessment applies	
	The common parts and communal areas only.	
Part 4	**Brief description of the scope and purpose of the fire risk assessment**	
	In compliance with Article 9(1) of the RRFSO 2005.	
Part 5	**Effective date of the fire risk assessment**	25/03/2026
Part 6	**Recommended date for review of the fire risk assessment**	25/03/2027

We, being currently a NSI Approved organisation in respect of fire risk assessment identified in the above schedule, certify that the fire risk assessment referred to in the above schedule complies with the Specification identified in the above schedule and with all other requirements as currently laid down within BAFE SP205 Scheme in respect of such fire risk assessment.

Signed (for and on behalf of the issuing Approved organisation)	M. E. ÒMeara
Job Title	Senior Fire Safety Consultant
Date	31/03/2026

Life Safety Fire Risk Assessment Silver is an Approval Scheme of Insight Certification Ltd, Sentinel House, 5 Reform Road, Maidenhead, Berkshire. SL6 8BY

BAFE, Bridges 2, The Fire Service College, London Road, Moreton-in-Marsh, GL56 0RH

1. This certificate is used subject to NSI Regulations and Rules of the NSI LIFE SAFETY FIRE RISK ASSESSMENT SILVER Approval Scheme.

2. NSI reserves the right to conduct an audit by an authorised NSI representative during normal business hours, with the permission of the customer, of the fire risk assessment and its related premises in order to ensure that the said risk assessment complies with BAFE Scheme document SP205-1 (the Scheme) Section 7 and generally.

3. NSI requires every NSI LIFE SAFETY FIRE RISK ASSESSMENT SILVER Approved Company to issue a Certificate of Conformity in accordance with the Scheme for all fire risk assessments it carries out that wholly or partly address life safety.

4. The Certificate of Conformity when completed is a clear statement that the Approved Company conducted the fire risk assessment for life safety, it is suitable and sufficient and compliant with the BAFE SP205-1 Scheme document and is certified by a registered competent fire risk assessor.

5. Where life safety and other aspects of fire protection are addressed in the same fire risk assessment a Certificate of Conformity shall be issued but the certificate shall make clear that the certificate applies only to the life safety aspects of the fire risk assessment and not further or otherwise.

6. Should the customer be dissatisfied with the fire risk assessment covered by this certificate, he/she should at first contact the Approved Company at its local office. If satisfaction is not obtained, the customer should address a written complaint to the customer services department at the head office of the Approved Company. If the customer remains dissatisfied, he/she may address a written complaint, outlining the nature of his/her dissatisfaction and the circumstances of the fire risk assessor company's response, to the Customer Care Manager at NSI.

   NSI will not normally consider complaints unless the Approved Company has been given the opportunity to resolve the dispute as set out above.

   Subject thereto and as hereinafter provided, NSI will endeavour to assist in the resolution of the dispute between the contracting parties, provided always that NSI will not deal with or be involved in any discussions or negotiations with either party with regard to financial or other loss, claims or potential loss claims, outstanding payments or construction and/or interpretation of the Approved Company’s terms and conditions of contract.

   NSI shall not be liable for any act or omission arising from any assistance it may provide as hereinbefore provided unless such act or omission is shown to have been fraudulent or deceitful.

7. This Certificate confirms conformity with the requirements of BAFE Scheme document SP205-1 applicable at the date of issue by the issuing company. NSI does not undertake to investigate any query or complaint in relation to future changes to BAFE scheme documents, policies or other regulations that render the fire risk assessment in need of further updating. In that event, the appropriate update should be carried out by a company holding NSI LIFE SAFETY FIRE RISK ASSESSMENT Approval.

8. NSI does not accept any responsibility or liability for any fire risk assessment produced by the Approved Company

9. Unless the issuing company's obligation to NSI in respect of the fire risk assessment are undertaken by another NSI Approved Company, NSI will not enforce its Rules or Standards on the Approved Company or on its successor in business in respect of any fire risk assessments after the issuing company ceases to hold NSI LIFE SAFETY FIRE RISK ASSESSMENT Approval.

10. The Certificate is issued subject to the terms and conditions of the company issuing the certificate for the fire risk assessment service.

11. On this certificate and in these terms and conditions, where the context permits, the reference to the issuing company shall include any Approved Company who shall undertake the issuing company's obligations to NSI in respect of the fire risk assessment.

Note.

"SP205" is a Scheme Document published by the British Approvals for Fire Equipment (BAFE).

Contents

TERMS AND CONDITIONS OF BUSINESS

West View Court, West View Road, Wythenshawe, Manchester, M22 4LQ

This fire risk assessment is in accordance with the full Terms and Conditions provided with our quotation that should be read in full. The risk assessment should not be relied upon by any person other than the customer/client named herein. i.e. if the premises are sold to a third party. This fire risk assessment is made without prejudice to any requirements made by Local Authority, Building Control or by the local Fire Authority. Fire assessment and evaluation of risk is a dynamic and evolving process. The Assessment that we have prepared is based on the appearance of the premises/building, number of employees, internal layout and information provided on **Wednesday, 25 March 2026**

This fire risk assessment is prepared pursuant to our assessor's knowledge of the premises as disclosed to him/her by the occupier and following an inspection. The working of equipment not specifically checked by him/her is outside our knowledge and control. The risk assessment only identifies those areas of risk apparent at the date above in relation to the risks relating to fire. If there is a change in the structure of the premises/building, number of employees, layout or any other aspect that could impact upon fire safety the Responsible Person should ensure that no revision to the Assessment is required.

We have assessed the risk of fire to ensure legislative compliance and safety of relevant persons and have provided you with our Assessment. Ownership and implementation of the assessment is vital. We accept no responsibility for loss, damage or other liability arising from a fire, loss or injury due to the failure to observe the safety observance and practices identified in our Assessment. The Responsible Person will always remain responsible for the outcome of the Fire Risk Assessment or its review. We highlight that we recommend a periodic fire risk assessment review regardless of any changes in the structure, nature of business and employees. Total Fire Group Ltd accepts no liability where the recommended review date in the fire risk assessment has been exceeded, the information provided should not be relied upon 12 months from the date of the Assessment.

The submission of this Assessment constitutes neither a warranty of future results by Total Fire Group Ltd nor an assurance against risk. The Assessment represents only the best judgement of the consultant involved in its preparation, and is based, in part, on information provided by others. No liability whatsoever is accepted for the accuracy of such information.

Our recommendations are outlined in an Action Plan Summary. This sets out the measures it is considered necessary for you to take to satisfy the requirements of the Fire Safety Order and to protect people from fire. It is particularly important that you study the Action Plan, and, if any recommendation in the Action Plan is unclear, you should seek clarification. You are advised that this fire risk assessment forms only the foundation for management of fire safety in your premises and compliance with the Fire Safety Order. It is imperative you act on its recommendations and record what you have done. This will demonstrate to the enforcing authority your commitment to fire safety and to fulfilling your legal obligations. The Fire Safety Order requires that you keep your risk assessment under review. A date for routine review is given within the Assessment, but you should review the Assessment sooner should there be any reason to suspect it is no longer valid, if a significant change takes place or if a fire occurs.

The Fire Safety Order requires that you give effect to 'arrangements for the effective planning, organization, control, monitoring and review of the preventive and protective measures'. These are the measures that have been identified by the risk assessment as the general fire precautions you need to take to comply with the Fire Safety Order. You must record these arrangements. While this fire risk assessment is not the record of the fire safety arrangements to which the Fire Safety Order refers, much of the information contained in this Assessment will coincide with the information in that record. We have based our assessment on the situation we were able to observe while at the premises and on information provided to us, either verbally or in writing. No verification of full compliance with relevant British Standards was carried out. Our surveys do not involve destructive exposure, and it is not always possible to see in all rooms and areas, nor inspect less readily accessible areas such as above ceilings or voids. It is therefore necessary to rely on a degree of sampling and also reasonable assumptions and judgement.

Contact Details
Total Fire Group Ltd Suite 312, Waters Meeting Business Park, Britannia Way Bolton BL2 2HH
01204 697990 info@totalfiregroup.org

1.0 Fire Risk Assessment Details

The following fire risk assessment has been conducted on behalf of:

Wythenshawe Community Housing Group Limited

Wythenshawe House, 8 Poundswick Lane, Wythenshawe, Manchester, Greater Manchester, M22 9TA

and relates only to the premises of:

West View Court, West View Road, Wythenshawe, Manchester, M22 4LQ

Responsible or Accountable person(s):

Wythenshawe Community Housing Group (WCHG).

Person(s) consulted and landline contact number:

Joy Ashley, 07580869117. joy.ashley@wchg.org.uk.

Fire Risk Assessor:

Ethan Davies BSc (Hons), MIFSM, Advanced Level - National Fire Risk Assessors Register (NFRAR 665)

Validated by:

Mark O'Meara DMS, Eng Tech, MIFireE, MIFSM, Advanced Level - National Fire Risk Assessors Register (NFRAR 0143)

Date fire risk assessment was conducted:

Wednesday, 25 March 2026

Time:

11:05

Date of last FRA or FRA Review (if known)

04 Mar 2025

Suggested date for next review:

March 2027

Fire risk assessment limitations:

A type 3 common parts and flats (Non-Destructive) Fire Risk Assessment (as detailed in the latest guidance document Fire Safety in Purpose Built Blocks of Flats) has been completed with access available to flat 60.

The lift motor room on the roof and adjacent access room were entered and viewed during this fire risk assessment. The main electrical intake room, laundry, store rooms, sprinkler pump and water tank rooms on the ground floor were also opened and seen. The main transformer room is out of bounds and only the electricity company have access. The bin store was opened and seen.

There was no access to the old caretaker's room, which was externally accessed and padlocked. This is due to no key being provided for this room. There was also no access available to the boiler room on the roof.

A selection of service riser cupboards on the open decks serving flats were opened and seen. Dry rising main cupboards were also accessed to see inside.

A sample of the cupboards within the staircase on each floor was carried out.

The SIB was accessed at the time of the fire risk assessment.

The assessment of the fire performance of the external wall construction and cladding is excluded from this fire risk assessment. Where required, it is recommended that advice is sought from a qualified and competent specialist on the nature of, and fire risks associated with, the external wall construction, including any cladding on this building. This exclusion is consistent with advice provided by the Fire Industry Association (FIA), specifically within the document 'FIA Guidance on the Issue of Cladding and External Wall Construction in Fire Risk Assessments for Multi-Occupied Residential Premises'. Where it is determined that a detailed assessment of an external wall is required, this should be carried out by specialists in accordance with PAS 9980. Further detail in this regard is provided within Section 9.27-9.29 of this report.

All services or penetrations traversing fire resisting compartments were not confirmed as being sufficiently fire stopped with fire resisting material. Any locations that have been identified are highlighted in section 9. Where fire compartments/fire dampers/ceiling voids were considered inaccessible for safety reasons and could not be physically accessed or were outside the visual range of the assessor, technical comment on these areas cannot be provided. If there are reasons to suspect the fire resistance within the building has not been sufficiently maintained the responsibility to provide this technical information rests with the duty holder.

There were no outstanding notices of deficiencies / enforcement action from the enforcing authority and the fire strategy document and "as built" plans issued on completion of the building / alterations were not observed.

This assessment document is part of the continuous management of fire safety within these premises and as such should be read in conjunction with the fire risk assessment or review as dated above.

Note

The following assessment has been conducted to assist the responsible person in compliance with the Regulatory Reform (Fire Safety) Order 2005. Although reference is made to relevant British Standards, Codes of Practice and Guides the Assessment will not, nor is it intended to, ensure compliance with any of the documents referred to in the Assessment. However, deviations from generally accepted codes, standards and universally recognised good fire safety practice will be clearly identified in the fire risk assessment.

2.0 General Premises Details

2.1 Number of floors:

9 (ground to 8th) plus a roof level with plant.

2.2 Approximate building footprint:

535m^2

2.3 Details of Construction and Premises:

West View Court is a high-rise residential block of purpose-built, general-needs flats which was constructed around the 1960s. The premises contain 72 resident flats and have concrete floors, walls and a single concrete stair. The external facings are brick. Portions of the external wall, specifically balcony panels and window spandrel panels, have been raised for consideration in the previous fire risk assessment and this is addressed in more detail in Section 9 of this report.

The main entrance to the building is accessible via a covered area underneath the upper floors of the building and opens into the lift lobby incorporating the staircase serving the upper floors. A door from the lift lobby provides access into a small lobby, adjoining which is the cleaner's cupboard. Through a further lobby (therefore 2 door separation from the stair) is the laundry. A small room used for storage to the rear of the laundry also has its own door into the bin room, which is otherwise accessed externally. On each of the upper floors the layout is the same, with the lift adjoining each stair landing and a door from the landing opening onto an open deck, off which flats and riser cupboards span either side. As there is a centrally located single stair with flats spanning either side, the flats have a single direction of travel along the open deck.

At the roof level is the lift motor room, in addition to a boiler room.
The building is provided with a BS5839-1 type fire alarm system which incorporates automatic detection to L2 standard in the common areas. The fire alarm system has been re-configured so that it can function in a similar manner to an Evacuation Alert System (EAS). This system is monitored and is generally silent (except for in plant, service and community room areas) on its activation. Despite most manual call points associated with the system being removed, a small number remain. Emergency lighting is installed throughout the communally used spaces, including plant areas. A dry riser system is installed, as is a sprinkler system which provides coverage in key risk common areas such as the laundry.

A number of resident flats were accessed (see Section 1 for specifics) and the layout of these was all the same, this consisting of the flat entrance door opening into a short corridor, off which is the kitchen and the living room. There is access to a balcony individual to each flat to the rear of each living room. Also adjoining each living room is access into another short corridor, off which is the bathroom and bedroom. Egress from resident flats is either by the flat entrance door or via an escape window in the bathroom, which faces the open deck.

The flats have a BS5839-6 Grade D LD2 fire alarm system installed which also includes coverage in the living room. The common fire alarm system also extends into the flats in the form of heat detection in the flat entrance hallway. The sprinkler system provides coverage throughout the resident flats.

Externally accessed from the same covered area as the main entrance is a community room, the layout of which consists merely of passage through a small lobby into the community room itself, which has an adjoining refreshment room. The common fire alarm system extends into the community room as does the sprinkler system, and there is a choice of exit either via the front entrance or rear exit.

The main electrical cupboard is externally accessed, as are the bin and pump rooms. The plant room for the bio-mass combined gas heating system is located on the gable end at the rear of the community centre and is externally accessed. Resident flat 1A is also accessed individually and externally.

2.4 Occupancy/Purpose Groups

The premises are classed as Purpose Group 1a Residential (Flat) as defined by Building Regulations Approved Document B 2019 (amended 2020 and 2022)

2.5 Approximate maximum and minimum number of persons:

144 (based on an assumption of 2 persons per flat).

2.6 Approximate maximum number of employees at any one time:

Occasional visits by WCHG staff and trades persons.

2.7 Maximum number of members of the public:

Limited to visitors to the resident flats. The exact number may be variable.

2.8 Occupants at Special Risk:

Sleeping occupants	
Persons familiar with the premises	Yes
Persons unfamiliar with the premises	No
Occupants with disabilities	
Mobility-impaired	Yes
Hearing-impaired	Yes
Learning difficulties	Yes
Occupants in remote areas	No
Others	Yes

Comments

Flats are general needs. Residents may be present with any combination of disabilities throughout the premises.

The Responsible Person for the premises should provide information and regularly remind tenants on the fire procedures by providing leaflets and where necessary encouraging new tenants to have a home fire safety check by the local fire service. Specific measures regarding tenants with any disabilities identified can be discussed and implemented following the home fire safety check in conjunction with relevant local community services.

2.9 Fire Loss Experience

None evident. None were reported at the time of the fire risk assessment.

2.10 Any other relevant building details: i.e. Does the building have any ancillary uses, such as commercial or community activities? If yes provide details

On one side of the premises on the ground floor, there is a small community room. Refer to section 2.3.

3.0 Overall Risk Rating

Based on the findings within the fire risk assessment the overall risk ratings have been quantified as:

Risk to Life: Moderate.

The standard of fire safety on the premises is generally high, however, findings/recommendations have been raised in regard to the means of escape, confinement of fire, automatic fire detection and fire-fighting equipment systems. The risk to life is considered to be moderate at the time of the fire risk assessment.

However, when the findings and recommendations identified within this Fire Risk Assessment are addressed the risk to life will be reduced to tolerable.

The risk rating has been determined after considering the fire risk rating matrix in section 17.0. In these premises it is considered that the risk of a fire occurring is unlikely and the likely consequences of harm from fire (should one occur) are moderate harm.

Risk to Property: Tolerable

A monitored, comprehensive fire alarm system is installed, as is a sprinkler system which covers both resident flats and key common areas of higher risk as well as the community room. Although the external wall considerations from the previous fire risk assessment remain at present, these are soon to be remediated. The overall risk to property is considered to be tolerable.

Risk to Business Continuity:

N/A.

Note: The BAFE SP205-1 fire risk assessment certification relates to life safety only and not property or business continuity protection. The client should undertake further detailed assessment of risk for these areas if it considers necessary.

4.0 Dangerous, Flammable, Combustible Materials & Substances		
IDENTIFYING THE FIRE HAZARDS		
4.1	Are suitable arrangements in place to manage the elimination or reduction of risks from dangerous substances? (Article 12)	N/A
4.2	Are there suitable additional emergency measures provided to safeguard all relevant persons from emergencies related to dangerous substances in or on the premises? (Article 16)	N/A
4.3	Have combustible or flammable materials used or stored in the premises been identified?	N/A
4.4	Are all combustible or flammable materials stored or stacked safely?	N/A
4.5	Has consideration been given to reduce the quantity held or has the use of non-combustible materials been considered?	N/A
4.6	Are all substances stored away from ignition sources?	N/A
4.7	Where flammable stores are provided, are they adequately ventilated and correctly marked?	N/A
4.8	Are all refuse bins for Dangerous, Flammable, Combustible Materials & Substances sited where they will not affect the means of escape or pose a fire hazard?	N/A
4.9	Is all Dangerous, Flammable, Combustible waste removed on a regular basis?	N/A
4.10	Is the frequency of waste removal adequate?	N/A

4.0 Dangerous, Flammable, Combustible Materials & Substances: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	None.
Ref	**COMMENTARY**
4.1-4.2	Questions 4.1 and 4.2 relate to substances and materials which are subject to the “Dangerous Substances and Explosive Atmosphere Regulations 2002” (DSEAR). No substances or materials falling into the above regulations were seen or are known to be stored or used inside the premises.

5.0 Interior Furnishings		
5.1	Are all interior furnishings made from fire resisting materials?	Yes
5.2	Where appropriate are they retreated with flame retardant chemicals (theatre curtain etc.) or made from inherently flame retardant materials?	N/A
5.3	Are all items located away from ignition sources?	Yes
5.4	Is all furniture in a good condition i.e. free from tears in covers, burns or discolouring from heat?	Yes

5.0 Interior Furnishings: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	None.
Ref	**COMMENTARY**
5.3-5.4	The furniture in the community room was in good condition and appeared to be of a compliant and suitable standard. Where there is any doubt about furniture and other furnishings complying with the Furniture and Furnishing Regulations (Fire Safety) 1988, it is the duty of the responsible person to confirm the standard with the suppliers of new furniture.

6.0 Heating and Electrical Appliances		
6.1	Are portable or fixed heaters used?	Yes
6.2	Are all heaters fitted with suitable guards and located in positions away from combustible materials?	Yes
6.3	Are all heaters free from naked flames?	Yes
6.4	Has the use of safer alternatives been considered?	N/A
6.5	Are systems in place to ensure appliances are tested, repaired and maintained on a regular basis in accordance with the Electricity at Work Regulations, 1989?	Yes
6.6	Has the premise's electrical system undergone electrical safety checks?	Yes
6.7	Is there a procedure to prevent the use of unauthorised portable appliances?	Yes
6.8	Is the ventilation of all appliances adequate?	Yes
6.9	Are all appliances turned off when the area is unoccupied?	Yes
6.10	Are all appliances protected by the correct fuse rating?	Yes
6.11	Are systems in place to isolate any appliance with a blown fuse?	Yes
6.12	Are all appliances free from visible signs of overheating?	Yes
6.13	Are multi-point adapters and extension leads kept to a minimum?	Yes
6.14	Are all cables (where can be seen) on walls, floors, ceilings correctly secured, so as not to pose an entrapment risk to firefighters?	No
6.15	Are cables free from mechanical damage?	Yes
6.16	Do signs indicate all electrical hazards?	Yes
6.17	Are reasonable measures taken to prevent fires as a result of cooking?	Yes
6.18	Are filters changed and ductwork cleaned regularly?	N/A
6.19	Are suitable extinguishing appliances available?	Yes
6.20	Are legal or other requirements for testing, maintenance & record keeping complied with for equipment such as hoists, escalators, air handling systems, heating boilers, pressure vessels etc.?	Yes
6.21	Do the premises have a lightning protection system? (where required)	Yes
6.22	Have other potential sources of heat not listed above been considered?	N/A

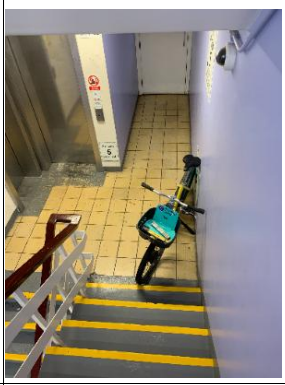
6.0 Heating and Electrical Appliances: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	Observation
6.14	There is a small bundle of wires in a bunch that seems to be coming from the CCTV unit that is present above the entrance door of flat 20. The CCTV camera does not look to be operational and could potentially be removed to reduce wires and cables in the communal area.
	Recommended Actions
6.14	It should be confirmed if the wires can be removed from the communal areas.
Ref	**COMMENTARY**
6.0	The main gas and electric isolation valve is housed inside the water tank/pump room on the ground floor, which is externally accessed. Signage indicating the location of the gas cut off is displayed by signage in the main entrance lift lobby.
6.1-6.3	In the commonly used areas, the only space with heating is the community room. There was no heating system provided to the residential common parts, however gas is present in the building for the rooftop heating system/boiler room, which is supplied to individual flats via a heat exchanger for the mechanical heating and ventilation system in each flat. There are also some wall mounted electrical heaters that are thermostatically controlled, located in the water tank room and also the lift motor room; these are for the purpose of frost protection during winter.
6.5, 6.10	Periodic PAT testing of portable electrical appliances in the communally used areas, including the laundry and community room, is organised by WCHG on a periodic basis. It is highlighted that not all electrical devices need to be the subject of an annual PAT. The Health and Safety Executive (HSE) advocates a proportionate, risk-based approach to the maintenance of portable electrical appliances within the workplace. This guidance is simple and easy to follow and can be found on the HSE website "Maintaining Portable Electrical Equipment in a low risk environment."
6.6	The property undergoes a 5 year electrical installation test and service for the communal areas and a minimum of 10 yearly testing for the flats in accordance with BS 7671. All records are held in house on the WCHG data systems.
6.16	Suitable electrical hazard signage was observed as fitted to riser and electrical cupboard doors, where appropriate.
6.17, 6.19	There are some basic appliances such as a microwave and kettle within the community room kitchen and suitable fire extinguishers are provided, along with a fire blanket.
6.20	The washers and dryers in the communal laundry appeared to be clean and in good condition with clean filters at the time of this fire risk assessment.
6.20	WCHG have confirmed to TFG that gas boiler systems are on an annual servicing programme with a competent contractor, with records to evidence this practice held centrally by WCHG. Heating vessels are provided to individual flats. 
6.21	At the time of the previous fire risk assessment, the lightning protection system for the building was removed in preparation for the roof covering of the building to be replaced. The lighting protection system has been re-installed on the building and WCHG has provided the assessor with a lightning protection certificate and a completion date.

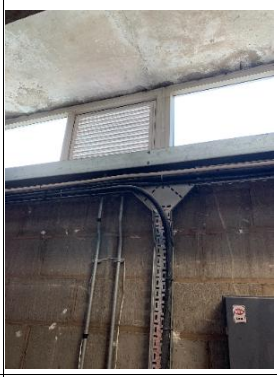
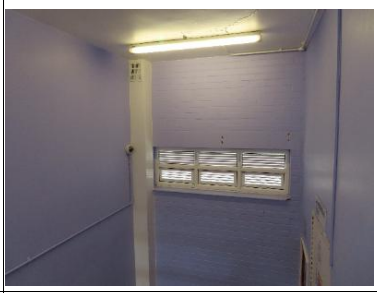
7.0 Persons at Risk		
7.1	Does the actual occupancy of the premises/building conform with the occupancy figures contained in the relevant guide for the type of premises/purpose group?	Yes
7.2	Are the management/responsible person(s) aware of the occupancy restrictions for all rooms within the premises? i.e. function rooms, bars, conference facilities	N/A
7.3	Have the requirements of the Equality Act 2010 (permanent or temporary disabilities) for ALL persons been assessed and complied with where reasonable?	Yes
7.4	Have all disabled staff members been consulted and where agreed PEEPs been prepared?	N/A
7.5	Have standard PEEPs or PCFRAs been prepared for all relevant persons and visitors that may reasonably be expected to resort to the premises?	Yes
7.6	Are disabled refuges provided?	N/A
7.7	Are members of staff trained in the evacuation of disabled or mobility impaired persons?	N/A
7.8	Are fire evacuation drills conducted at least annually, taking into account all employees, shift and casual workers, visitors and contractors where appropriate?	N/A
7.9	Are the results recorded? (People involved, time taken, learning outcomes).	N/A
7.10	Is the access of relevant persons controlled at all times? I.e. are public, visitors & contractors required to sign in?	Yes
7.11	Are relevant persons made aware of the fire and health and safety procedures on arrival? (I.e. fire procedure/building plan adjacent to signing in book etc.)	Yes
7.12	Are notices in place to inform of restricted access areas?	Yes
7.13	Are there designated fire marshals where appropriate for all areas to ensure all relevant persons are accounted for following an emergency?	N/A
7.14	Is sleeping accommodation provided for the staff, public, temporary residents etc.? (Hotels, boarding houses, probation hostels etc.).	N/A

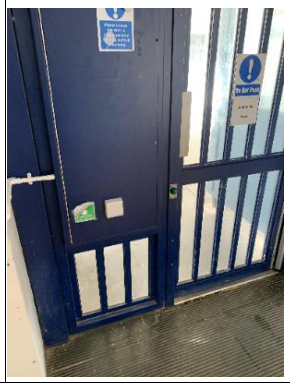
7.0 Persons at Risk: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	Observation
7.3, 7.5, 7.7	**The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025** will apply to these premises from April 2026. When a vulnerable/relevant person is identified, a Residential (PEEP) should be carried out via a person-centred fire risk assessment (PCFRA). Without the completion of a PCFRA, the process is unlikely to meet the requirements of the legislation. The PCFRA is the first step in the process, leading to a bespoke residential PEEP. (RPEEP) This must include an assessment of: • The risks relating to the relevant resident arising from their compromised ability to evacuate without assistance in the event of a fire, and • Any other risks to the resident as regards the building, in light of their cognitive or physical impairment. • 'Risks' are those relating to safety from fire.
	Recommended Actions
7.3, 7.5, 7.7	**Best practice advice** The responsible person should engage with residents and, where required, provide a PCFRA and a resulting emergency evacuation statement. Guidance on carrying out a PCFRA can be found here: Residential PEEPs: Guidance for Responsible Persons - GOV.UK Examples of PCFRAs and the in-flat measures that are used as required to provide residents with personal independence can be found here: Responsible Persons toolkit – GOV.UK
Ref	**COMMENTARY**
7.1	WCHG considers the mobility and capabilities of residents when first assigning accommodation.
7.1, 7.3, 7.8	The building is occupied as general needs flats, therefore fire drills and associated staff procedures are not required. Residents of the flats may have a range of disabilities but will be familiar with the means of access and egress which is used on a regular basis. New residents should be encouraged to have a home fire safety check by the local authority Fire and Rescue Service where it is considered that they may be vulnerable in the event of a fire. Specific measures regarding residents with any disabilities identified can be discussed and implemented following the home fire safety check in conjunction with relevant local community services. Where it is known that persons cannot self-evacuate, further fire safety measures may be needed.
7.3, 7.5, 7.7	**The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025** aim to improve the fire safety and evacuation of residents in specified residential buildings in England who would have difficulties evacuating a building by themselves in the event of a fire (relevant residents). Such difficulties may be due to a physical mobility issue, some other disability such as having a sight or hearing impairment, or a cognitive condition. The regulations also mandate building emergency evacuation plans in these buildings. The Residential PEEPs process includes a suite of measures: • the responsible person (typically the building owner or manager) identifying residents who need Residential PEEPs • a person-centred fire risk assessment – a conversation between the responsible person and the resident, if one is requested by the resident – to understand their particular risks and identify how their fire safety and evacuation can be improved • an emergency evacuation statement of what the resident should do in the event of a fire (if agreed between the responsible person and the resident) • information for the Fire and Rescue Authority to help inform any operational response and in case they need to undertake evacuation (but only if the resident explicitly agrees to that information being shared) • an ongoing duty to review the person-centred fire risk assessment / emergency evacuation statement, and the building emergency evacuation plan • These measures are set out as duties in these regulations that the responsible person under fire safety legislation is legally required to meet. The new regulations and duties can be accessed at gov.uk. https://www.gov.uk/government/publications/residential-personal-emergency-evacuation-plans-residential-peeps/residential-peeps-factsheet
7.3, 7.5, 7.7	Note - "Although previous guidance noted that PEEPs is generally ineffective and not recommended in purpose-built blocks of flats that do not have permanent staff on site, PEEP implementation is currently being considered as part of the Grenfell Tower Inquiry: Phase 2 Report that has recently been published, which should be considered by building owners and managers."
7.5	During a previous fire risk assessment, Tom Porter (Building Safety Officer for WCHG) confirmed to our assessor that where vulnerable persons are identified within the building (i.e. those persons whose details are provided within the SIB) these persons are offered person-centred fire risk assessments (PCFRAs). Following the formulation of any PCFRAs, appropriate risk reduction measures should be implemented and these should be updated/reviewed on a suitable periodic basis.
7.10-7.11	Visitors to the resident's flats are not required to sign in; however access is controlled by the residents and visitors to the flats are the responsibility of the tenants. Fire routine notices are displayed appropriately in the premises. Access for contractors is formally controlled by WCHG with appropriate arrangements in place. All contractors should be provided with adequate Health and Safety instruction prior to arrival, where necessary. No signing in book is considered as required.
7.12	Restricted areas are secured by locked doors which are locked by WCHG staff or cleaners when not in use

8.0 Means of Escape		
8.1	Do travel distances meet the criteria given in the relevant HM Government guide and recognised industry norms and guidelines? Are the travel distances from flat entrance doors to the nearest stairway or final exit(s) acceptable?	Yes
8.2	Is the smoke ventilation provision suitable for the escape travel distances and protection of escape staircases? OV, AOV, PV or mechanical systems? Are the systems subject to regular servicing and testing?	Yes
8.3	Are there a sufficient number of exits of suitable width from each area/room for the persons present?	Yes
8.4	Can you ordinarily expect the Fire Service to arrive in the event of a fire whilst the fire is in the room of origin?	Yes
8.5	Can you expect the premises to be evacuated within the standard times for the type of construction?	N/A
8.6	Are all escape routes available and accessible at all times?	Yes
8.7	Are all escape routes and stairways free from undesirable items? (E.g. portable heaters, cooking appliances, furniture, coat racks, vending/gaming machines, photocopiers, mirrors.	No
8.8	Do any inner rooms exist?	Yes
8.9	Are vision panels provided between the inner room & access room and is it adequate?	N/A
8.10	If the vision between the inner room and the access room is inadequate is smoke detection provided within the access room?	Yes
8.11	Are all emergency exits doors unlocked and available at all times when the premises are occupied?	Yes
8.12	Are all final exit doors checked (opened) on a regular basis? Are the outcomes recorded?	Yes
8.13	Is the door furniture provided appropriate for the purpose group of the premises i.e. public buildings, licensed premises etc.?	Yes
8.14	Are floor and stairway surfaces in good condition and free from slip and trip hazards?	Yes
8.15	Do all final exits lead to a place of safety?	Yes
8.16	Are external escape paths clear of obstructions?	Yes
Electronic Door Release Devices		
8.17	Are all escape doors free from electro-mechanical door locks devices?	Yes
8.18	Are all escape doors free from electro-magnetic door locks devices?	No
8.19	Where electronic/electrical door control devices are fitted do they meet the installation criteria given in BS 7273 Pt. 4 2015	Yes
8.20	Do entry control devices conform to the category of actuation for the purpose group that the particular premises/building currently operates within?	Yes
8.21	Is the emergency operation of the door lock stated by appropriate signage?	No
8.22	Have all persons in the assessment area received instructions on how the devices operate in the event of an emergency?	Yes

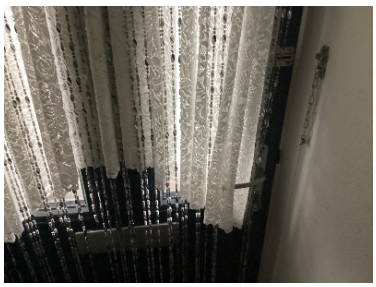
8.0 Means of Escape: Finding(s)

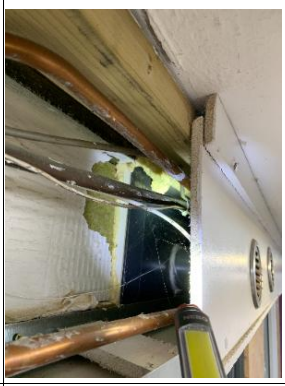
Ref	FINDINGS
	Observation
8.7	As highlighted in the previous fire risk assessment, there were combustibles/items stored within the communal area, that would provide fuel for a fire and they are also an obstruction/trip hazard for persons evacuating the premises and for the fire service attending an incident. Items left in the common areas place persons at risk of harm.   
	Recommended Actions
8.7	WCHG should continue to manage the storage, including removals, in line with their policy. Residents should be reminded to not store personal items or refuse in the communal areas.
Ref	**RECOMMENDATIONS**
	Observation
8.21	The signage for the emergency override has been removed and both buttons are the same design and colour. 
	Recommended Actions
8.21	It is recommended that signage be installed to indicate which button is the emergency override.

Ref	COMMENTARY
8.0	Access into the premises is controlled by the residents via an electronic door entry security system.
8.2	There is a means of permanent ventilation in the bin room and the lift motor room. 
8.2	Smoke ventilation in the stairway is provided by permanently open vents (POVs) on each stair half landing. These vents together provide an area in excess of the 1m² required. In addition, the doorway from the stairway onto the uppermost open walkway can be opened for additional ventilation if required. This arrangement is considered acceptable by our assessor, after taking into account the layout of the premises and the open deck access. Photos reused from previous assessment.  
8.6	The layout of flats is such that by normal means residents would have to pass from their bedroom through the living room and past the kitchen to reach the flat entrance door. An alternative has been provided in the bathroom, where escape windows have been installed. This alternative provides a means by which, from a bedroom, the resident could enter the bathroom and use the escape window as opposed to passing through the living room and by the kitchen.  
8.6	The common deck access walkways are open-sided and this would allow any smoke to escape to fresh air from a fire at the front of the building. The stairs are protected by self-closing fire doors on each level and as such it would be unlikely for smoke from a flat fire to normally be able to enter the stairs.
8.6, 8.11, 8.18	WCHG have previously confirmed that all the electromagnetic locks within the premises are linked to the re-configured common fire alarm system and conform to BS 7273-4. It has previously been confirmed that electronic locking devices default to the unlocked position on activation of the common fire alarm system.
8.7	Article 14 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to ensure that emergency routes and exits can be used as quickly and safely as possible.
8.8, 8.10	The community room kitchen could be classed as an inner room, however, the access room is protected by smoke detection and sprinklers are also installed. These arrangements were found to be satisfactory by our consultant.
8.11, 8.13	The main final exit door from the community room is thumb-turn operated, with the rear exit being push bar operated.
8.12	The exit doors are used on a regular basis by the residents. Any problems would be reported to WCHG. The exit routes are also used regularly by the caretakers/cleaners and it is reasonable to assume they would report any defects for repair. The rear exit door from the community room was in good condition and this is also regularly opened to check its operation.
8.12, 8.18	It has previously been confirmed that the electromagnetic door lock release mechanisms are checked weekly. They are also serviced every 6 months by a competent contractor, as arranged by WCHG. Records were not observed at the time of the fire risk assessment.
8.13	Adjudging by the provisions within the sample flats accessed, thumb turn type opening devices are fitted to the internal side of resident flat entrance doors.

8.18-8.19	The front entrance door to the residential premises is electromagnetic, with an emergency override provided on the escape side. The same arrangement is present from the laundry back into the main entrance foyer. 

9.0 The Confinement of Fire		
9.1	Are all escape routes and compartments protected by fire resistant walls and doors where required?	No
9.2	Where required, are the compartment walls of top floor compartments extended through the roof void and suitably sealed at the roof?	Yes
9.3	Is there a procedure for monitoring and maintaining existing fire resisting construction and fire stopping, in particular, pre-contractual agreements prior to any alterations work on site?	Yes
9.4	Is there a procedure in place to regularly check the condition of fire resisting doors and doorsets?	Yes
9.5	Are all fire doors self-closing, kept locked shut where appropriate and in good condition?	No
9.6	Are all fire doors fitted with smoke seals and intumescing strips where required?	No
9.7	Is there reasonable limitation of linings to escape routes that might promote fire spread?	Yes
9.8	From a non-invasive inspection, is there potential for fire and smoke spread through routes such as doors, walls, vertical shafts, service ducts, service penetrations, venting systems, cavities, and voids?	Yes
9.9	Have there been any structural alterations within the past 12 months?	No
9.10	Were the requirements of the Building Regulations followed and a completion certificate issued?	N/A
9.11	Are all ducts fitted with effective fire dampers where required?	N/A
9.12	Are all fire exits underneath and within 1.8m horizontal or 9m vertically of any external escape stair, fire resisting and self-closing?	N/A
9.13	Is glazing within the above distances fire resisting and fixed shut?	N/A
9.14	Is there a procedure for all premises/areas to be checked at the end of a working period for potential fire hazards?	Yes
9.15	Are the premises free from risk posed by adjacent properties? (Uncontrolled fly tipping, overgrown vegetation or poor housekeeping)	Yes
9.16	Are there any other premises features or hazards that could affect fire development or spread?	No
9.17	Is there potential for fire and smoke spread into the premises from an external fire?	No
9.18	Does basic security against arson by outsiders appear reasonable?	Yes
Automatic Hold Open Devices		
9.19	Are any fire doors fitted with automatic door release devices?	No
9.20	Are the devices fitted to any critical doors? e.g. onto stairs in a single staircase building	N/A
9.21	Is smoke detection provided within the area located near to the door release device? (Consider to L3 standard?)	N/A
9.22	Are all non-self-contained devices linked to the fire alarm system and released on actuation?	N/A
9.23	Are any self-contained, acoustically actuated door hold open devices fitted?	No
9.24	Are all devices tested regularly and the results recorded? (At least once a week)	N/A
9.25	Are all doors released at night or when the area is unoccupied?	N/A
9.26	Are all devices tested in accordance with the manufactures relevant standard to ensure satisfactory operation?	N/A
External Wall Systems		
9.27	Has the risk of external fire spread been considered? Consider external cladding, wall systems, external render and balconies.	Yes
9.28	Has there been any previous examination of the building's external wall system or cladding? If yes provide details.	Yes
9.29	Has the information on the EWS or any changes to it, been sent to the Fire and Rescue Service?	Yes

9.0 The Confinement of Fire: Finding(s)	
Ref	**FINDINGS**
	Observation
9.1, 9.5, 9.8	The riser door next to flat 39 could not be secured at the time of the assessment due to no lock on the door. Where a fire door cannot be locked, it will remain ajar and allow for the spread of fire and products of combustion, placing persons at risk of harm.
	Recommended Actions
9.1, 9.5, 9.8	It is recommended that the door be fitted with a lock so that it can be secured.
	Observation
9.1, 9.5, 9.8	It was observed at the time of the fire risk assessment that there were deficiencies to flat entrance doors: • The entrance doors to flats 8 and 39 are missing a letterbox cover. • Flat 4 has a missing peephole. • Flat 60 does not close fully and unaided into the doorframe. This may be due to the beads that have been added to the door (extra weight). There were a number of flat entrance doors on the top floor flats (3 flats) that were part of a recent police raid. WCHG have confirmed prior to the assessment that they are aware of the damage to the doors and have boarded up the affected windows and doors. It was confirmed that only 1/3 of the flats is occupied; however, WCHG has confirmed that the doors and replacement glazing has been ordered. Where fire doors are missing components, they may not perform as expected in the event of a fire, in this case the interior handle may not function/be present, placing persons at risk of harm.      
	Recommended Actions
9.1, 9.5, 9.8	It is recommended that letterbox covers and peepholes on the affected doors be replaced. The doors on the top floor should be repaired as soon as possible. The door to flat 60 should be adjusted and the beads should be removed if it is determined that they are the reason for the self-closing issue.

	Observation
9.1, 9.8	It was observed above flat 54 there was a section of the panelling missing, and damaged fire-stopping was seen from a limited view. Where there is damaged fire stopping it may not provide the required level of fire resistance, placing persons at risk of harm.  
	Recommended Actions
9.1, 9.8	It is recommended that the fire stopping be repaired to the same level of fire resistance as the original material installed. The panelling should be re-fixed to the wall; however, at present, it is only cosmetic as the panelling does not offer a confirmed level of fire resistance.
Ref	**RECOMMENDATIONS**
	None.

Ref	COMMENTARY
9.1	The bathroom windows from some residential flats are non-fire resisting and are not fixed, with them opening below a height of 1.1m. Although non-fire resisting and non-fixed windows are not usually accepted on single-direction open decks below a height of 1.1m, this arrangement has been accepted due to: • Sprinklers are installed throughout each residential flat. • The common monitored fire alarm system extends into the flats. • The bathrooms are low-risk rooms in which it is very unlikely a fire would begin. 
9.1	There is a boxed-in section of conduit/trunking which runs the full height of the stairs, in the corner of each landing. They have vents cut into it and small access hatches. Gas pipes run through these areas. The stairs are well ventilated, and the vents are covered with intumescent grills. These arrangements were found to be acceptable to our consultant. 
9.1, 9.5	The door from the staircase leading to the roof plant areas is a metal door with no strips or seals but with a large rebate. This door is considered acceptable.
9.1, 9.5	The previous fire risk assessment noted that wooden panelling was observed on the 8th floor adjacent to flat 71 either covering a defective window or door. At the time of the fire risk assessment the panelling had been removed and a new fire door had been fitted.
9.1, 9.5	The two main doors leading to the community room now self-close fully and unaided into each other.
9.1, 9.5-9.6	The flat entrance doors appeared to be of the same standard from a visual external inspection. From the sample accessed, the doors were observed to be FD30s. The doors had spring-loaded metal letterboxes fitted approximately midway down their length.
9.1, 9.5-9.6	The laundry is separated from the entrance lobby by two doors and small lobby in between, the inner door being a self-closing fire door (FD30s) and the outer door being self-closing, secure and of a good standard, but could not be confirmed as FD30 standard. However, these arrangements were found to be acceptable to our consultant as both doors were in good condition and sprinklers are installed within the laundry room along with smoke detection.
9.1, 9.5, 9.8	The riser door next to flat 66 has been repaired and was found locked shut at the time of the assessment.
9.1, 9.5, 9.8	Article 8 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to take general fire precautions to ensure the safety of relevant persons. This includes measures to reduce the risk of fire on the premises and the risk of the spread of fire on the premises.

9.1, 9.8	**Extract from previous fire risk assessment:** It has been highlighted in previous Fire Risk Assessments that compartmentation works have been carried out throughout the premises by Allied Protection Ltd (circa July 2017). They are an accredited passive fire protection contractor and they have provided WCHG with documentary/photographic evidence of their work. Following the installation of the common fire alarm system, further fire-stopping was required. This was carried out by Flame Hold Ltd, another accredited passive fire protection contractor who has also provided WCHG with documentary/photographic evidence of their work. Additionally, it was noted during the course of this FRA that remedial fire stopping and compartmentation works have been carried out by Alpha Fire Solutions, accredited contractors (during April 2022) following the installation of the sprinklers and new flat entrance doors. It is indicated by labelling that the extent of the fire-stopping works incorporates spaces such as behind sprinkler trunking, however, this was not confirmed due to this fire risk assessment being non-destructive. Note: WCHG has implemented annual compartmentation inspections by an accredited passive fire protection contractor. 
9.4	As confirmed on WCHG's standard responses: • All front entrance fire doors regardless of height that go into common areas are inspected annually during the annual gas/safety checks. Fire Doors to Individual residential premises are inspected annually and recorded on a PDA, any defects are logged and reported to be rectified. • Common Fire Doors to High Rise Blocks above 11mt are inspected quarterly by a third-party trained consultant and any defects are recorded and repairs raised to rectify. • All high-rise doors are visually inspected by the Building Safety Officer on weekly visits to the blocks. Individuals who inspect Fire Doors have undertaken training facilitated by Ventro or Fire Door UK. **Note** Regulation 10 of the Fire Safety (England) Regulations 2022 gives further advice on additional information about fire doors to be given to residents. https://www.gov.uk/government/publications/fire-safety-england-regulations-2022/fact-sheet-fire-doors-regulation-10
9.5	The door onto the open deck from the lift lobby is effectively self-closing on each floor.
9.8	**Compartmentation:** For Information; Where the level of fire stopping or fire resisting construction is found to be below an acceptable standard remedial fire stopping work should be carried out. Breaches in fire resisting construction should be filled with suitable fire resisting materials to maintain the standard of fire resistance of the surrounding structure in accordance with BS 476 Pt 22 or BS EN 1364 Pt 1 to 6. The use of third party accredited passive fire protection contractors and products should ensure any remedial actions will be to the required standard in the most cost effective manner. The Responsible Person ought to have in place a system for ensuring that the integrity of any passive fire protection measures is not compromised when building alterations are carried out e.g. for the installation of new pipes, cables and other services. Records of these should be maintained for future inspection by auditors and enforcement agencies. One common available fire stopping product is expanding fire resisting foam. To avoid unnecessary costs, the universal use of expanding fire resisting foam products should be used with caution and in strict accordance with the manufacturer's recommendations to achieve the required fire resistance. **Generally, expanding foam products are tested as narrow linear gap seals and will not work in a large penetration seal.** The Guide to Inspecting Passive Fire Protection for Fire Risk Assessors produced by The Association for Specialist Fire Protection advises that PU expanding fire resisting foam products should only be used to seal linear gaps between walls and walls / floors / ceilings. It cannot be used to seal pipe or cable penetrations unless tested for that end-use application. In this case, other more appropriate fire stopping products should be used. It is recommended where rectifying life safety compartmentation issues that third party accredited contractors, who have been accredited to undertake the particular aspect of works, using appropriate third party accredited products is considered. **Note:** **Compartmentation** - Compartment walls and floors should form a complete barrier to fire between compartments they separate and have the appropriate fire resistance. **Fire Stopping** - If compartmentation is to be effective, every joint or imperfection of fit, or opening to allow services to pass through the compartment, should be adequately protected to the same standard of fire resistance by sealing or fire stopping so that the fire resistance of the compartment is not impaired.

9.11	**Kitchen/Bathroom Extraction:** It was noted that the kitchen and bathroom ventilation in the flats seen (in present and previous assessments) is extracted directly to the outside via powered fans installed within the walls above the windows of the flats and which were not common to any other flats. The extraction was at a height of above 1.1m. It is reasonable to assume that all the flats in the block have similar provisions installed.  
9.16	**Balconies:** It has previously been confirmed by WCHG that they have a zero tolerance policy with regard to balconies and their contents. Residents have been informed that storage of combustibles is not allowed on the balconies and that ignition sources such as heaters and barbecues are prohibited.
9.16	The refuse chute is protected within the bin room by means of a spring-loaded gate, connected to a fusible link. The metal gate slides across the base of the refuse chute to provide fire separation if the temperature from a fire in a bin causes the link to melt. The operation of the spring-loaded gate is checked and serviced six monthly by a contractor. The chute access rooms and bin hoppers in each open balcony are also checked regularly and are protected by self-closing metal hopper doors with rubber seals. 
9.17-9.18	It was observed at the time of the fire risk assessment that there was a breach in the ceiling above the side exit (with the padlocked gate). This area has been repaired see photo below. 
9.18	CCTV equipment was observed in the common areas

9.27-9.29	The balcony panels and the spandrel panels have been replaced. WCHG provided the previous assessor with information and relevant certification showing that the materials are to be replaced with the following: **Window spandrels -** Replaced with 'Proteus SP' material produced by 'Proteus Facades'. This is a polyester powder-coated steel/ceramic powder-coated aluminium/glass-faced spandrel panel with a Rockwool insulated core structurally bonded to a lightweight metal rear skin to be used within a curtain wall system. Warrington Fire Testing and Certification Limited have classified the material in relation to their reaction to fire behaviour as A2, S1, d0. **Balcony panel -** Replaced with '3mm aluminium panels coated on both sides'. Work to identify the unsuitability of the panels and spandrels was detailed in a report carried out by Tenos fire engineers for a similar building and this information has also been applied to this site. **Note:** This information was communicated to the GMFRS through the online portal on the 6th of June 2024.  
9.27-9.29	It has been confirmed in the past that where installations are carried out, they are done in line with the manufacturer's instructions, with all relevant certifications and documentation held on file. Where necessary, this information should be relayed to the Fire and Rescue Service.

10.0 Automatic Fire Detection

10.1	Where a fire alarm system is required has one been provided?	Yes
10.2	Is there suitable provision of automatic detection within the flats?	Yes
10.3	Is there a procedure in place to ensure fire detection within residents' flats are routinely checked, to ensure they have not been tampered with?	Yes
10.4	Is it possible to define the detection system category? (L1- L5 etc.)	Yes
10.5	Is the automatic fire detection suitable for the risk and premises type?	Yes
10.6	Does the system conform to standards appropriate to the purpose group for the premises/building use? i.e. BS 5839 Pt. 1 or BS 5839 Pt. 6 etc.	Yes
10.7	Are sufficient call points and detectors provided?	Yes
10.8	Can the alarm be raised without placing anyone at risk?	Yes
10.9	Are all call points visible, unobstructed?	Yes
10.10	Are all fire alarm sounders of the same type, giving the same alarm signal? The signal should be distinct from all other alarms or signals in the workplace to avoid confusion.	Yes
10.11	Where required does the system have a voice alarm? i.e. large places of assembly	N/A
10.12	Can the alarm be heard throughout all areas of the premises?	N/A
10.13	Has a suitable fire zone plan been provided adjacent to the fire panel where necessary? i.e. complex premises or care homes	Yes
10.14	Is the fire alarm system under a regular maintenance programme by a qualified fire alarm engineer?	Yes
10.15	Are there systems in place to ensure the system is tested weekly from a different call point?	Yes
10.16	Are all fire alarm tests, faults and maintenance schedules recorded?	Yes

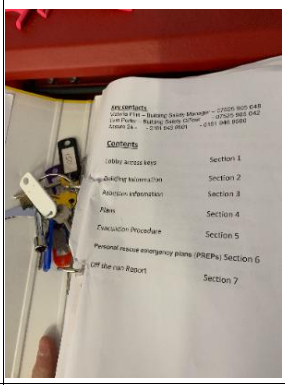
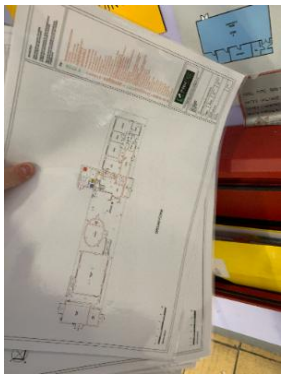
10.0 Automatic Fire Detection: Finding(s)	
Ref	**FINDINGS**
	Observation
10.1	It was observed at the time of the fire risk assessment that there was a fault on the fire alarm system. Where there are faults on fire alarm systems, they may not perform as expected in the event of a fire, placing persons at risk of harm. **Note:** This was reported at the time of the fire risk assessment. 
	Recommended Actions
10.1	It is recommended that the system be checked by a competent engineer to ensure that the fault is rectified and removed.
Ref	**RECOMMENDATIONS**
	None.

Ref	COMMENTARY
10.1	Article 17 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to provide a suitable system of maintenance for any facilities, equipment and devices so that they are maintained in good working order.
10.1, 10.4-10.6, 10.8, 10.10	A common BS5839-1 fire alarm system is installed which incorporates the provision of automatic detection to L2 standard. The fire alarm panel for this system is located in the lift lobby at ground floor level. The system also extends into flats in the form of a heat detector in flat entrance hallways. The fire alarm system has been configured to be silent (in the main) and is monitored. The system has also been configured to act as a form of Evacuation Alert System (EAS), whereby it can be used by the Fire and Rescue Service to sound on a chosen floor and the floors above and below the chosen floor. WCHG have confirmed to our assessor that the common fire alarm is audible in service/plant areas and on the roof, where contractors may be present and where immediate evacuation would be considered prudent. This system also extends into the community room where a repeater panel is located in the entrance lobby, and it was confirmed that the common fire alarm system is audible in the community room. 
10.2	Although flats are outside of the scope of The Regulatory Reform Fire Safety Order 2005; The heat detector within the kitchen of flat 36 had been removed during the previous fire risk assessment. Although the flat was not accessed at the time of the assessment, WCHG have confirmed that the new heat alarm was fitted on Tuesday, 25th of March 2025.
10.2	Adjudging by the provisions within those flats sampled at the time of the assessment, BS5839-6 Grade D LD2 fire alarm systems are installed which also incorporate the living room (smoke in hallway/corridors and living room plus heat in the kitchen).
10.3	WCHG have confirmed that all alarms are checked and the findings recorded as part of the annual gas servicing.
10.13	A suitable zone plan was observed by the common fire alarm panel in the ground floor lift lobby, which also displayed the building layout. 
10.14-10.16	It was confirmed to our assessor that weekly fire alarm tests are undertaken, with records held digitally. The fire alarm system is also serviced 6 monthly by a competent person, with records again held centrally by WCHG. Records were not observed at the time of the fire risk assessment.

11.0 Emergency Escape Lighting		
11.1	Has the provision of emergency lighting been considered? Working hours, windowless areas, open access areas>60m2, toilets>8m2.	Yes
11.2	Is emergency lighting provided in accordance with guidance relevant to the purpose group for the premises? (BS5266, ADB)	Yes
11.3	Does it illuminate escape routes, exits, corridors, hazards or obstructions, changes in floor level, signs, fire alarm call points and firefighting equipment?	Yes
11.4	Is the emergency lighting beyond the final exit adequate so that persons can reach a place of safety?	Yes
11.5	Are routine checks carried out in accordance with the appropriate standard to which the system conforms – i.e. daily, monthly, 6 monthly and annual checks?	Yes
11.6	Are records of maintenance kept?	Yes
11.7	Is normal lighting adequate and in working order?	Yes

11.0 Emergency Escape Lighting: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	None.
Ref	**COMMENTARY**
11.1-11.3	Emergency lighting is installed on the common escape routes including the open decks and appears to be in good working order. It was also seen to be installed within the roof service areas, lift motor room and biomass heating room. It was not possible to ascertain the exact level of illumination, but the coverage appeared to be satisfactory.
11.4	There is emergency lighting outside of the final exit doors and there is sufficient borrowed light beyond the final exit to enable persons escaping in a fire emergency to reach a place of safety.
11.5-11.6	WCHG have confirmed to our assessor that monthly testing of the emergency lighting system is carried out, with records held centrally and digitally. The emergency lighting is also serviced annually by a competent person, with relevant certification maintained centrally. Records were not observed at the time of the fire risk assessment.

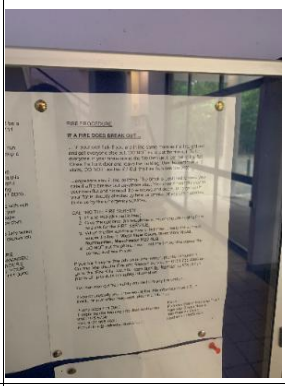
12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations		
Firefighting Equipment		
12.1	Where appropriate are adequate numbers of fire extinguishers provided? Consider floor area, special risks, minimum travel distance of 30m.	Yes
12.2	Are the correct types of extinguishers provided for the risks?	Yes
12.3	Are all extinguishers installed and sited in accordance with current guidance?	Yes
12.4	Are appropriate checks carried out on a monthly basis?	Yes
12.5	Are all extinguishers serviced by a qualified engineer every 12 months?	Yes
Firefighting and Firefighter Facilities		
12.6	Are firefighting and firefighter facilities provided, tested and maintained? (Dry/wet rising mains, SIB's, wayfinding signage)	Yes
12.7	Are all systems fully operational and functional?	No
12.8	Are all security devices functional? (Sprinkler valves, wet & dry rising mains padlocked etc.)	Yes
12.9	Where sprinklers are fitted are all heads clear of obstructions (500mm clear of stock) and functional?	Yes
12.10	Where firefighting shafts or fire mains are provided are the locations of the inlets/outlets in line with current guidance?	Yes
Firefighting Lifts		
12.11	Are lifts provided for the use of firefighters or evacuation?	Yes
12.12	Are all lift controls functional, tested and maintained?	Yes
12.13	Are any defects to the lift(s) reported to the Fire and Rescue Service? (defects that would affect or impact firefighting operations)	Yes
Facilities and Systems		
12.14	Is there an Emergency Alert System (EAS) for use by the Fire and Rescue Service? If the EAS is not in accordance with BS8629 can it be adapted to provide an EAS on the floor of fire origin, selected floors, or full evacuation? Please provide details.	Yes
12.15	Have up to date floor and building plans been provided to the Fire Service in electronic format, detailing key building information, location of firefighting facilities and equipment?	No
12.16	Where appropriate, has a Secure Information Box (SIB) been provided with up to date info, and access keys? Is it in a suitable secure location for access by the Fire Service?	No

12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations: Finding(s)	
Ref	**FINDINGS**
	Observation
12.15-12.16	The Secure Information Box (SIB) is located by the main entrance to the building, in the lift lobby. No access was gained to this SIB in the previous assessment, and it does not seem that the contents have been updated and reviewed. Failure to provide up-to-date, relevant information may delay firefighting operations, which could place persons at risk of harm.  
	Recommended Actions
12.15-12.16	It is recommended that the ERP information is provided within the SIB to ensure it complies with The Fire Safety (England) Regulations 2022. **Note:** The FIA Code of Practice for the Provision of Premises Information Boxes in Residential Buildings can be used for this to ensure the SIB comply with the England Regulations 2022. This is to assist the local fire and rescue services in planning for and operational response to a fire. **Note:** The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025 will apply to these premises from April 2026. Additional information will be required in the SIB. See section 7.
Ref	**RECOMMENDATIONS**
	None.

Ref	COMMENTARY
12.1	There are no fire extinguishers within the common/communal escape route areas. It is not normally considered necessary to provide fire extinguishers or hose reels in the common parts of blocks of flats. Such equipment should only be used by those trained in its use. It is not considered appropriate or practicable for residents in a block of flats to receive such training. In addition, if a fire occurs in a flat, the provision of fire extinguishing appliances in the common parts might encourage the occupants of the flat to enter the common parts to obtain an appliance and return to their flat to fight the fire. Such a procedure is inappropriate.
12.1	It was observed previously that there was an extinguisher in the community room that was not secured to a wall or in a stand, this was also observed within the ground floor cleaners cupboard. At the time, of the fire risk assessment both extinguishers in both areas were seen secured to a mount on the wall.
12.1-12.5	A CO2 fire extinguisher was seen in the electrical room. CO2 fire extinguishing equipment was also observed in the lift motor room. Water extinguishers are provided in the community room, with a fire blanket, a wet chemical fire extinguisher and a CO2 fire extinguisher located in the refreshment room. It has been confirmed that WCHG arranged for monthly visual inspections of the firefighting equipment on site. Dates were observed on a sample of fire extinguishers checked which were last serviced 09/2024.
12.6-12.8	A dry-rising main is installed for use by the Fire and Rescue Service. The dry-rising main outlets are located on each level of the staircase and are behind locked doors. The inlet is located adjacent to the main entrance, on the external façade. The dry rising main is visually inspected annually and is also serviced annually, with 6-month periods in between each of these inspections/services. 
12.7	The sprinkler panel was free from faults at the time of the fire risk assessment.
12.8-12.10	A BS9251 sprinkler system has been installed. In each flat, there are concealed sprinkler heads located in the hallway, bedroom, the living room, and the kitchen (essentially all rooms except the bathroom). In addition, there are also sprinkler heads located in the ground floor laundry and community room. A pump and water tank for the sprinkler system has been provided. The system is maintained and serviced by an approved contractor on an annual basis, with records to evidence this practice held centrally by WCHG. 
12.10-12.11	One of the lifts on the premises appears to be a standard passenger lift, whereas the other appears to be a firefighting lift. The firefighting lift has a switch to return the lift to the ground floor level and also an intercom for communications. Within the lift was a hatch in the ceiling. It was confirmed to our assessor that the lift defaults to the ground floor on activation of the common fire alarm system and that the switch to manually return the lift to the ground floor is tested monthly in line with the Fire Safety (England) Regulations 2022. Records to evidence such testing are held centrally by WCHG. It was communicated that all keys required for the operation of the lift have been provided to the Fire and Rescue Service and are also held in the SIB. It was also communicated that the firefighting lift could continue to be used by firefighters without having to reset the alarm if sounding audibly. 

12.14	Although the common fire alarm system is not a purpose-designed Evacuation Alert System (EAS), the previous assessor was informed that it has been re-configured so that the Fire and Rescue Service could sound the fire alarm system on a chosen fire floor and the floors above and below the chosen floors, initiating evacuation.
12.15-12.16	The Fire Safety (England) Regulations were enacted under article 24. Failure to comply with any requirement or prohibition imposed by regulations made, or having effect as if made, under article 24 may be considered an offence.

13.0 Fire Safety Signs and Notices		
13.1	Do signs indicate all final exits?	Yes
13.2	Can the final exit or a directional sign be identified from any position in the assessment area?	Yes
13.3	Are all signs in the correct position, suitably fixed and directional arrows correct? (Can the way out be found just by using signs alone?)	Yes
13.4	Are the signs the correct size for the areas where they are located?	Yes
13.5	In places of public assembly are all escape signs illuminated on maintained luminaires?	N/A
13.6	Are fire action notices displayed prominently and completed fully throughout the premises?	Yes
13.7	Are all fire action notices similar throughout the premises?	Yes
13.8	Does the content of the fire action notices reflect the actual procedure?	Yes
13.9	Where firefighting equipment or fire alarm call points are not clearly visible is their location highlighted by supporting signage?	Yes
13.10	Are all fire doors signed appropriate to their use i.e. Fire Door Keep Locked Shut, Fire Exit Keep Clear etc.?	No
13.11	Where required, are external fire assembly points signs prominently displayed?	N/A
13.12	Are “No Smoking” signs and procedures in place to ensure there is no smoking in work or public places? (The Smoke Free (Premises and Enforcement) Regulations 2006)	Yes
13.13	Are all signs legible and in good condition?	Yes
13.14	Do all signs comply with the EN 7010:2011 where necessary?	Yes
13.15	Has wayfinding signage been provided to clearly indicate floor levels, flat numbers from within the staircase(s) and each floor level?	Yes
13.16	Is the signage in line with the ADB revisions 2020?	Yes

13.0 Fire Safety Signs and Notices: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	None.
Ref	**COMMENTARY**
13.1-13.4	Some standard directional and fire exit signage was observed on the common escape route.
13.6	A fire action notice is provided in the community centre as per the previous finding.
13.6, 13.8	A suitable notice detailing the 'stay put' policy in place for the premises is posted on the noticeboard in the ground floor lift lobby. 
13.10	Suitable 'Do Not Use in the Event of a Fire' signage was observed by the lifts on each floor.
13.12	'No Smoking' signage was observed on the premises, in the common areas.
13.15	Wayfinding signage was observed on the staircase landings and on the open decks which indicated the floor level and the flats on that floor. Such signage was also observed in the lift lobby at ground floor level.   

14.0 General Fire Safety Procedures		
14.1	Has the premises been free from reports of any fire related incidents within the past 12 months?	Yes
14.2	Has action been taken to avoid reoccurrence?	N/A
14.3	Has the premises been free of any fire alarm actuations within the past 12 months?	Yes
14.4	Where necessary has any action been taken to prevent reoccurrence?	N/A
14.5	Have there been any incidents of deliberate ignition by employees or arson attacks?	No
14.6	Are procedures in place to inform relevant persons of the need to report any potential fire hazards?	Yes
14.7	Is there a fire policy for the premises/organisation that clearly defines the roles and responsibilities of who will contribute to overall fire safety management?	Yes
14.8	Has the fire service inspected or had any formal meetings, familiarisation visits, operational crew/CFS visits within the last 12 months?	No
14.9	Were any recommendations, enforcement or prohibition notices served?	N/A
14.10	Have all recommendations and notices been complied with?	N/A
14.11	Is adequate access provided for fire service vehicles in the event of an emergency?	Yes

14.0 General Fire Safety Procedures: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	None.
Ref	**COMMENTARY**
14.1-14.5	Since the last fire risk assessment was undertaken there have been no reports of fire that our consultant was made aware of and there was no evidence of any fires having occurred. Any reports of fire or false alarms should be fully investigated and where necessary control measures implemented to reduce the possibility of further occurrences. Following any outbreak of fire affecting the common areas, the Fire Risk Assessment should be reviewed to identify if any further risk reduction measures are necessary.
14.7	A combined team from the departments within WCHG have responsibility for managing the fire safety of this premises, but the Chief Executive for Wythenshawe Community Housing Group has the overall responsibility for fire safety related matters and management.
14.8	It was stated that the local fire service make occasional visits to the property for the purpose of information gathering (72d inspections) and training, but it was not thought that the fire service have visited recently, other than to carry out some home fire safety checks etc. The findings of this Fire Risk Assessment should form the basis of an action plan and be implemented within the recommended timescales. The findings may become enforceable if not actioned in a reasonable period of time.
14.9	Our assessor was not made aware there were any outstanding notices of deficiencies/enforcement action from the enforcing authority. The findings of this Fire Risk Assessment should form the basis of an action plan and be implemented within the recommended timescales. The significant issues identified may become enforceable if not actioned in a reasonable period of time.
14.11	The previous fire risk assessment confirmed that the Fire Service has been provided with access fobs for all WCHG high-rise blocks.
14.11	Signage indicating certain provisions of the building is displayed externally, which may be used to assist attending Fire and Rescue Service personnel. (Photo used from previous fire risk assessment). 
14.11	WCHG have confirmed previously that the Fire Service drop switch is tested monthly with checks recorded. Records were not observed at the time of the fire risk assessment.

15.0 Fire Safety Management		
15.1	Are there an adequate number of appointed competent persons and arrangements (under Article 18 of the RRFSO) in place to assist the responsible person in the management and implementation of the preventative and protective measures? (safety assistance)	Yes
15.2	Has an Accountable Person been appointed? Where there is more than one accountable person, are there procedures in place ensuring that all accountable persons co-operate with each other?	Yes
15.3	Have all staff been trained in how to call the Fire Service, use of fire extinguishers, evacuation procedures and basic fire awareness?	Yes
15.4	Do all new employees receive basic fire procedure and induction training on the date of appointment?	Yes
15.5	Are records of fire safety training kept?	Yes
15.6	Are systems and procedures in place to control any new work, alterations or repairs to the premises, so that no fire hazards are introduced?	Yes
15.7	Is a “permit” to work procedure in place for contractors etc.?	Yes
15.8	Where an alterations notice is in force has the enforcing authority been informed prior to any significant changes being made?	N/A
	Fire Marshals & Fire Plans	
15.9	Are fire marshals required to take charge of a fire incident and liaise with the Fire Service where required?	No
15.10	Is there a list of fire marshals displayed in all locations where required?	N/A
15.11	Are systems in place to provide identification for fire marshals during an emergency where required?	N/A
15.12	Has a suitable fire assembly point been designated? (i.e. free from traffic hazards, radiated heat and free movement away from the premises)	N/A
15.13	Do the premises require a written fire emergency plan detailing the roles and responsibilities in order to safely evacuate?	No
15.14	Where required, is the fire emergency plan displayed on the premises?	N/A
15.15	Are there procedures for calling out key staff during fire related emergencies outside of normal working hours?	Yes

15.0 Fire Safety Management: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	None.
Ref	**COMMENTARY**
15.1	WCHG employs competent and approved persons to carry out servicing and maintenance of all its preventative and protective fire safety measures.
15.3-15.5	There are no permanent staff based in the block. WCHG have previously confirmed that adequate fire safety training is in place, both for induction and repeat training for all staff that work at the premises. Appropriate training records are kept by the HR Department and no individual staff training record was observed by our consultant during the course of his visit.
15.6-15.7	WCHG have systems in place to control new work, repairs and alterations to ensure that no fire hazards are introduced into the premises. They also have a permit to work system in place for any contractors and for roof access etc. For Information; As fires are more frequent during refurbishment and/or alteration, it is important that any additional risks are evaluated, particularly when the building is occupied. Contractors have a duty to carry out a risk assessment and inform the client of any findings and of the remedial measures identified. Their impact on the building should be closely monitored with regard to (amongst others), damage to party walls, and the introduction of sources of ignition and combustible materials, the blocking of exit routes or fire doors being wedged open etc.
15.9	There are no staff normally on site outside of usual office hours that would take charge of an incident or act as a fire marshal. Fire marshals are not required within blocks of flats or apartments.
15.13	The provision of a suitable action notices as detailed in Section 13.6 and 13.8 is considered sufficient with regards to provision of information to the residents.
15.15	There are 'Out of Hours' Emergency Procedures and Emergency Evacuation Procedures in place with nominated WCHG staff providing cover.

16.0 Fire Evacuation Plan		
16.1	Is there a current, suitable fire evacuation procedure for all residents (and occupants) to follow in the event of a fire, and has this been communicated to all residents?	Yes
16.2	If the premises operates a "stay put" policy, is this suitable?	Yes
16.3	In multi-occupied buildings do all the fire evacuation procedures complement each other?	N/A

16.0 Fire Evacuation Plan: Finding(s)	
Ref	**FINDINGS**
	None.
Ref	**RECOMMENDATIONS**
	None.
Ref	**COMMENTARY**
16.0	WCHG have advised tenants to contact them where there may be a change in their circumstances or deterioration in health and mobility, so as to assist them with their safety. Neighbourhood officers collect details of any residents who would require assistance during an evacuation by GMFRS. See the information in Section 7 regarding the SIB.
16.2	The Fire Safety Order requires that there should be a suitable emergency action plan for the premises. The Fire Safety (England) Regs 2022, also requires the Responsible Person to display and communicate the fire actions to all residents. Fire safety instructions must be provided in a conspicuous part of the building. The instructions must be in a comprehensible form that residents can reasonably be expected to understand and should cover the following: • The evacuation strategy for the building (e.g. stay put or simultaneous evacuation); • Instructions on how to report a fire (e.g. use of 999 or 112, the correct address to give to the fire and rescue service, etc.); • Any other instruction that informs residents what they must do when a fire has occurred. In addition, these instructions should be provided to residents when first occupying their flat and reissued to all existing residents at periods not exceeding 12 months. **Residents ought to have a clear understanding of what actions to take should a fire situation change and they need to evacuate the building.** **It is not implied that those not directly involved who wish to leave the building should be prevented from doing so.**

Fire Emergency Plan FLATS

STAY PUT POLICY

GENERAL ADVICE TO RESIDENTS

This building has been built in such a way as to protect the people in it if a fire breaks out.

The important thing to remember is that if the fire starts in your home, it is up to you to make sure that you can get out of it.

AT ALL TIMES

- Make sure that the smoke alarms in your flat are tested.
- Do not store anything in your hall or corridor,especially anything that will burn easily.
- Use the fixed heating system fitted in your home. If this is not possible, only use a convector heater in your hall or corridor. Do not use any form of radiant heater there, especially one with either a flame (gas or paraffin) or a radiant element (electric bar fire).

IF A FIRE BREAKS OUT IN YOUR FLAT

If you are in the room where the fire is, leave straightaway, together with anybody else, then close the door.

- Do not stay behind to try to put the fire out, unless you have received suitable training.
- Tell everybody else in your flat about the fire and get everybody to leave.
- Close the front door and leave the building.
- CALL THE FIRE SERVICE.

IF YOU SEE OR HEAR OF A FIRE IN ANOTHER PART OF THE BUILDING

- It will usually be safe for you to stay in your own home.
- You must leave your home if smoke or heat affects it OR you are instructed to do so by the Fire Service. Close all doors and windows.

CALLING THE FIRE SERVICE

The Fire Service should always be called to a fire, even if it only seems to be a small fire. This should be done straight away.

The way to call the fire service is by telephone as follows.

1) Dial 999.

2) When the operator answers give the telephone number you are ringing from and ask for the FIRE service.

When you are put through to the fire service, tell them clearly where the fire is:

West View Court, West View Road, Wythenshawe, Manchester, M22 4LQ

Do not hang up until the fire service have repeated the address to you and you are sure they have got it right. The fire service cannot help if they do not have the address

THE ABOVE PROCEDURE SHOULD BE COMMUNICATED TO EACH RESIDENT.

17.0 Risk Analysis, Priority Ratings and Fire Risk Ratings

Each action required has been given a **priority rating of between 1 and 3** based upon the following:

Note: The time scales given below are for the responsible person(s) to take action on the findings NOT the time scale to complete the resulting works from the findings.

Priority 1 (P1)	A serious breach of the Fire Safety Order which if not actioned would increase the risk of fire or injury. Failure to reduce the risk could result in substantial injury to relevant persons. Actions or omissions of this nature would normally constitute an offence liable to enforcement or prosecution actions by the Fire Authority. The time scales given are normally short – **from immediate up to one month.**
Examples include:	Blocked or locked fire exits, serious breaches of life safety fire resistance, ineffective fire doors, insufficient or complete failure of fire alarm, emergency lighting or smoke venting systems.
Priority 2 (P2)	A lesser breach of the Fire Safety Order or property risk, which if not resolved may present a risk of fire or injury. Failure to reduce the risk could result in a moderate injury to relevant persons. Compliance may still be required to satisfy enforcing authorities but longer time scales are given, such as **2 to 4 months.**
Examples include:	Breaches in compartmentation. Firefighting equipment missing or defective, minor defects to the fire alarm or emergency lighting systems.
Priority 3 (P3)	Poor practices or features that whilst not presenting a serious risk would detract from the overall impact on the fire safety provisions within the premises. Also includes provision or practices and features that are preferable over and above the minimum standards required under the Fire Safety Order. Time scales are **variable** and could be **up to 12 months.** The acts or omissions would normally be tolerable but actions should still be implemented to maintain the risk level at a tolerable level.
Examples include:	Missing or incomplete fire signage, incomplete maintenance logs.

The fire risk assessment process involves an assessment of the likelihood of an event (generally outbreak of fire) combined with an assessment of the severity should the event be realised, the severity being classified as negligible, tolerable, moderate, substantial or intolerable. Each finding identified has been given an appropriate risk rating, which is then prioritised accordingly on the action plan.

Once all the findings have been identified the premises are given an overall **Life** and **Property** risk rating based on the expert opinion, experience and training of the fire safety consultant conducting the assessment.

Definitions:	
Hazard:	An article, substance, machine, installation or situation with potential to cause harm, loss or both. A fire hazard is a hazard that has the potential to cause a fire or promote fire development and/or spread.
Risk:	A measure of the probability that the potential for harm or loss posed by the hazard will materialise, combined with the potential extent and severity of the harm and/or damage that may result.
Harm:	Physical injury, death, ill health, property and equipment damage and any form of associated loss, which could cause harm.

To determine the risk rating two main areas are considered, the likelihood of an outbreak of fire and the potential for that outbreak to cause harm to persons, property and business continuity.

The likelihood of fire outbreak is given a rating of highly unlikely, unlikely and likely, this is then multiplied by the harm potential rating of slight, moderate and serious harm.

The level of fire risk is then quantified as **negligible, tolerable, moderate, substantial** or **intolerable.** The subjective risk rating is calculated and the risk level determined within the following parameters:

Negligible Risk	Where the combination of severity of harm and likelihood is very low and there is minimal risk to people's lives. The risk of a fire occurring is rare and the potential for fire spread is negligible, also where the overall fire safety management is of a high standard. No further action is normally required unless circumstances change. A reassessment should take place on the review date.
Tolerable Risk	Where the present systems, facilities or management procedures are reasonably satisfactory at the time of the assessment. Escape should be carried out unaided with effective fire safety management procedures in place. Possible minor actions may be required, with a reassessment being conducted at the review stage.
Moderate Risk	The present systems, facilities or management is unsatisfactory in some areas. Where a fire could occur and the available time needed to evacuate may be reduced by the speed of the development of fire, also where the reaction time of occupants may be slower because of the type of persons present e.g. sleeping, elderly or infirm or where there are large numbers of persons or complex escape routes. Remedial actions will be required with some control measures being implemented. A reassessment should be made once the control measures have been put in place.
Substantial Risk	Where the combination of severity and probability is high and urgent action must be taken to reduce the risk. Where a fire is likely or highly likely to occur and the spread of fire development would be such that the available escape time would be substantially reduced. Premises identified with substantial risk areas will normally require the provision of considerable resources in the form of equipment, training, information and management to mitigate the risks.
Intolerable Risk	Where the combination of severity and probability is such that extreme harm or death will occur and there is a real threat of an outbreak of fire. Action must be taken to immediately reduce the risk, ideally to a tolerable level. If this cannot be achieved, then consideration must be given to prohibiting or limiting the use of all or part of the premises until such risks can be reduced. Reassessment is required following implementation of the immediate or interim control measures.

The Probability of Fire depends on the number and nature of ignition sources, the extent of and any fire prevention measures and the nature and actions of the occupants. The Probability and Extent of Harm should a fire occur depends on the quality of the means of escape, number of storeys, complexity of the premises and mobility of the occupants.

Based upon the findings identified above, application of current fire safety codes and practice, experience and knowledge the following risk areas have been quantified.

FIRE RISK RATING MATRIX

LIKELIHOOD OF FIRE OUTBREAK	LIKELY CONSEQUENCES OF FIRE			
	Subjective Fire Risk Rating	Slight Harm	Moderate Harm	Serious Harm
	Highly Unlikely	Negligible Risk	Tolerable Risk	Moderate Risk
	Unlikely	Tolerable Risk	Moderate Risk	Substantial Risk
	Likely	Moderate Risk	Substantial Risk	Intolerable Risk

18.0 Summary of Findings

Ref	Hazard or Defect	Action Required	Hazard Priority	Risk Rating	Action By	Review Date	Contractor Completed
8.7	As highlighted in the previous fire risk assessment there were combustibles/items stored within the communal area,	WCHG should continue to manage the storage, including removals, in line with their policy. Residents should be reminded to not store personal items or refuse in the communal areas.	P1 - previously identified	Moderate			
9.1, 9.5, 9.8	The riser door next to flat 39 could not be secured at the time of the assessment due to no lock on the door.	It is recommended that the door be fitted with a lock so that it can be secured.	P1	Moderate			
9.1, 9.5, 9.8	It was observed at the time of the fire risk assessment that there were deficiencies to flat entrance doors.	It is recommended that letterbox covers and peepholes on the affected doors be replaced. The doors on the top floor should be repaired as soon as possible. The door to flat 60 should be adjusted and the beads should be removed if it is determined that they are the reason for the self-closing issue.	P1	Moderate			
9.1, 9.8	It was observed above flat 54 there was a section of the panelling missing, and damaged fire-stopping was seen from a limited view.	It is recommended that the fire stopping be repaired to the same level of fire resistance as the original material installed. The panelling should be re-fixed to the wall; however, at present, it is only cosmetic as the panelling does not offer a confirmed level of fire resistance.	P3	Moderate			
10.1	It was observed at the time of the fire risk assessment that there was a fault on the fire alarm system.	It is recommended that the system be checked by a competent engineer to ensure that the fault is rectified and removed.	P1	Moderate			
12.15-12.16	The Secure Information Box (SIB) is located by the main entrance to the building, in the lift lobby. No access was gained to this SIB in the previous assessment, and it does not seem that the contents have been updated and reviewed.	It is recommended that the ERP information is provided within the SIB to ensure it complies with The Fire Safety (England) Regulations 2022.	P1	Moderate			

19.0 Recommendations

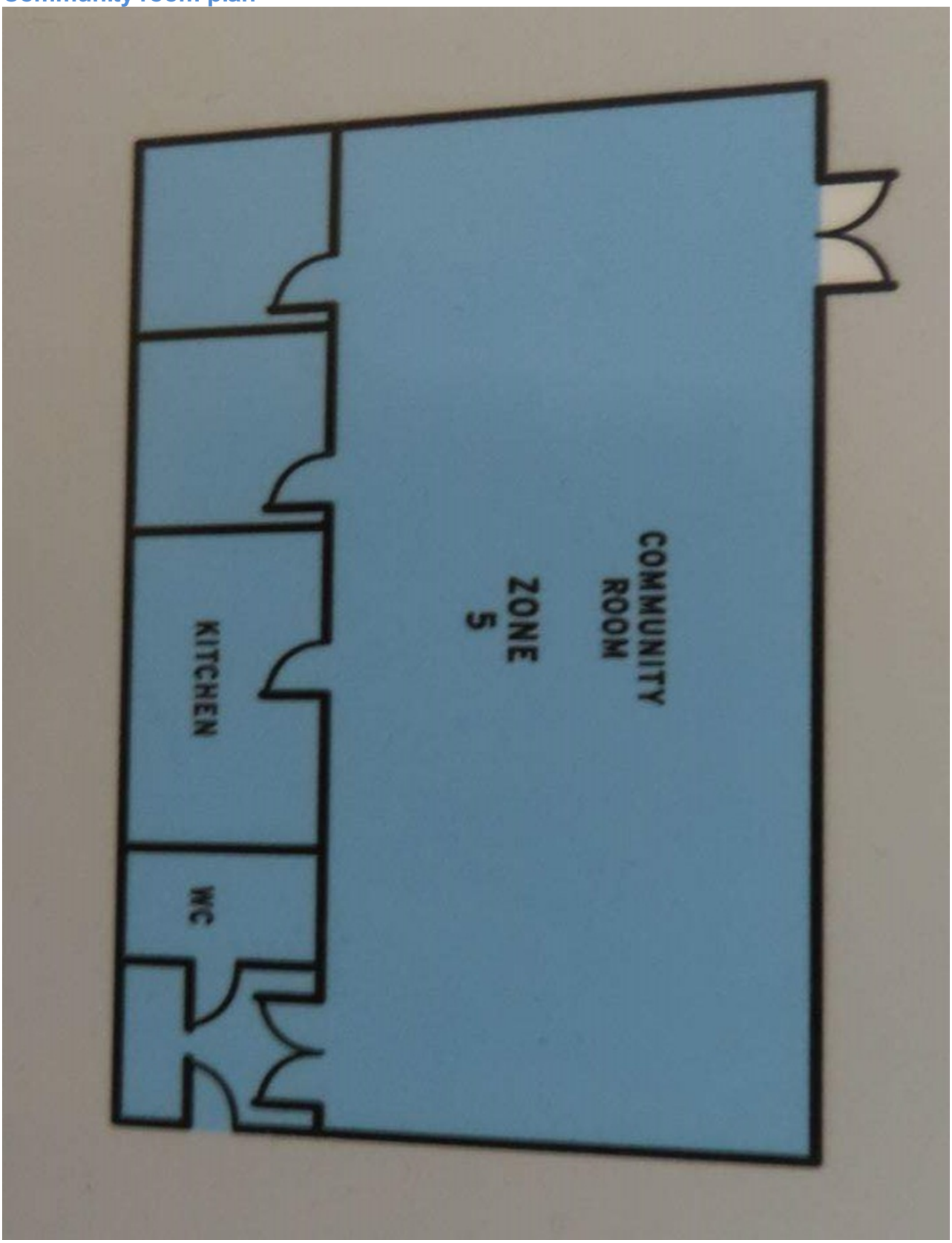
Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
6.14	There are still wires in a bunch that seem to be coming from the CCTV unit that is present above the entrance door of flat 20.	It should be confirmed if the wires can be removed from the communal areas.	Moderate	
7.3, 7.5, 7.7	The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025 will apply to these premises from April 2026. When a vulnerable/relevant person is identified a Residential (PEEP) should be carried out via a person-centred fire risk assessment (PCFRA). Without the completion of a PCFRA, the process is unlikely to meet the requirements of the legislation. The PCFRA is the first step in the process leading to a bespoke residential PEEP. (RPEEP) This must include an assessment of: The risks relating to the relevant resident arising from their compromised ability to evacuate without assistance in the event of a fire, andAny other risks to the resident as regards the building, in light of their cognitive or physicalimpairment.'Risks' are those relating to safety from fire.	Best practice advice The responsible person should engage with residents and, where required, provide a PCFRA and a resulting emergency evacuation statement. Guidance on carrying out a PCFRA can be found here: Residential PEEPs: Guidance for Responsible Persons - GOV.UK Examples of PCFRAs and the in-flat measures that are used as required to provide residents with personal independence can be found here: Responsible Persons toolkit – GOV.UK	Moderate	
8.21	The signage for the emergency override has been removed and both buttons are the same design and colour.	It is recommended that signage be installed to indicate which button is the emergency override.	Tolerable	

20.0 Commentaries

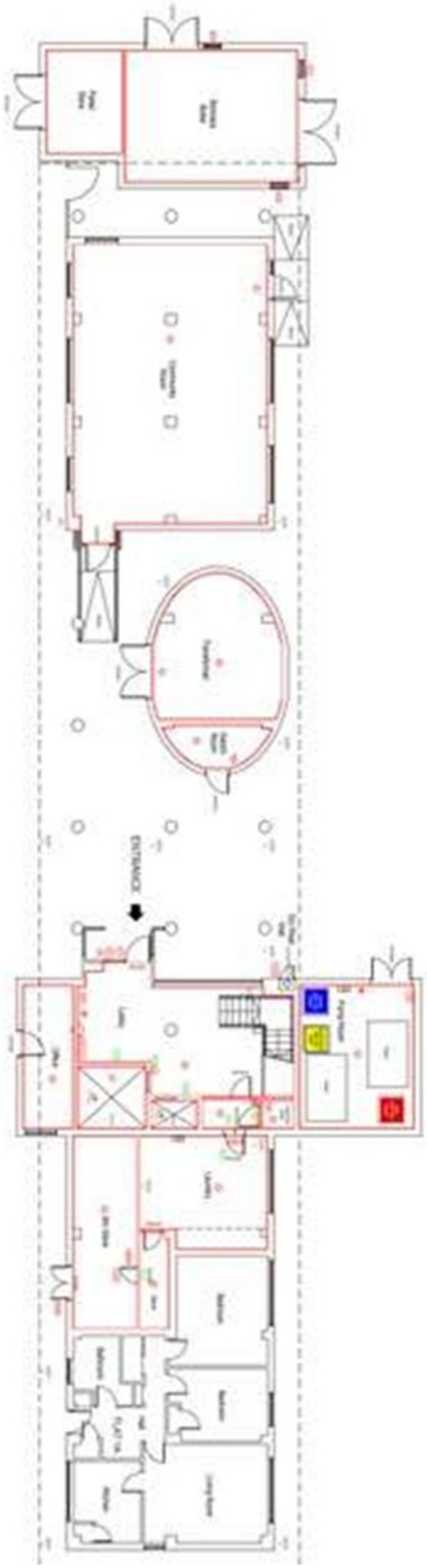
Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
THERE WERE NO COMMENTARIES.				

Appendix

Community room plan



Ground Floor



Roof plan

Typical Upper Floor