



TOTAL FIRE GROUP LTD

Fire Risk Assessment

Conducted at:

1-58 Hollyhedge Court
223 Hollyhedge Road
Manchester
Greater Manchester
M22 4QD



04 June 2025



Certificate Number	LS	0397671
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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	
	1-58 Hollyhedge Court, 223 Hollyhedge Road, Manchester, Greater Manchester, M22 4QD	
	Part or parts of the premises to which the fire risk assessment applies	
	The common parts only.	
Part 4	Brief description of the scope and purpose of the fire risk assessment	
	In compliance with Article 9(1) of the RRFSA 2005.	
Part 5	Effective date of the fire risk assessment	04/06/2025
Part 6	Recommended date for review of the fire risk assessment	04/06/2026

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)	
Job Title	Senior Fire Safety Consultant
Date	12/06/2025

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, Merton-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.

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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	5
1.0 Fire Risk Assessment Details	6
2.0 General Premises Details	8
3.0 Overall Risk Rating	11
4.0 Dangerous, Flammable, Combustible Materials & Substances	12
5.0 Interior Furnishings	13
6.0 Heating and Electrical Appliances	14
7.0 Persons at Risk	16
8.0 Means of Escape	21
9.0 The Confinement of Fire	25
10.0 Automatic Fire Detection	33
11.0 Emergency Escape Lighting	37
12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations	38
13.0 Fire Safety Signs and Notices	42
14.0 General Fire Safety Procedures	44
15.0 Fire Safety Management	45
16.0 Fire Evacuation Plan	46
17.0 Risk Analysis, Priority Ratings and Fire Risk Ratings	48
18.0 Summary of Findings	51
19.0 Recommendations	52
20.0 Commentaries	53
Appendix	54

TERMS AND CONDITIONS OF BUSINESS

1-58 Hollyhedge Court, 223 Hollyhedge Road, Manchester, Greater Manchester, M22 4QD

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, 4 June 2025**

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

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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:

1-58 Hollyhedge Court, 223 Hollyhedge Road, Manchester, Greater Manchester, M22 4QD

Responsible or Accountable person(s):

Wythenshawe Community Housing Group (WCHG).

The company who occupies the ground floor community room (used as an office).

Responsibility for the premises may rest with a combination of the above depending on tenancy/contractual agreements which our assessor has not observed.

Person(s) consulted and landline contact number:

No representative of the Responsible Person was present at the time of this Fire Risk Assessment.

Fire Risk Assessor:

Ethan Davies BSc (Hons), MIFSM, Tier 3 IFSM Level Fire Risk Assessor (N665)

Validated by:

Mark O'Meara DMS, Eng Tech, MIFireE, MIFSM, Tier 3 Nationally Accredited Fire Risk Assessor 0143

Date fire risk assessment was conducted:

Wednesday, 4 June 2025

Time:

11:18 am.

Date of last FRA or FRA Review (if known)

01 Jul 2024

Suggested date for next review:

June 2026

Fire risk assessment limitations:

A type 3 (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 to flat 14 and 27.

Access was gained to each room in the caretaker's areas on the ground of the building. Access was not gained to the lift motor room as the keys provided did not unlock the padlocks on the ladder on the top floor. This area was accessed previously. No access was available to the ancillary rooms opposite flat 3 on the ground floor as the door would not unlock (this was accessed last time). A sample of electrical risers and other service riser cupboards was inspected throughout the building. Also, access was gained to the community room and the rooms in this area, except for the server room

Where false ceilings were observed as present on the ground floor, a sample of areas above were inspected in order to determine the standards of compartmentation to adjoining areas.

Full access to the external roof was not undertaken, and no access was gained to the ground floor biomass room as our assessor was not provided with keys to do so.

Also, no access was gained to the ground floor bedsit flat, assumed to be a staffed area (red entrance door), the externally accessed cupboards, and bin refuse areas, as the keys provided did not work. No access was gained within the Secure Information Box (SIB) due to no key being provided.

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.

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 fire risk 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:

12 including the ground floor.

2.2 Approximate building footprint:

500m²

2.3 Details of Construction and Premises:

Hollyhedge Court is a high-rise, general needs, and purpose-built block of flats that was previously noted to be built in 1962. The previous FRA noted that the building has a concrete frame with brick infill panels, a mineral wool external wall insulation/render system, and curtain wall glazing. The floors appear to be of solid concrete construction. The roof is flat. Internally, the ceilings are solid in the majority, with only the ground floor possessing areas of false ceilings.

The twelfth floor functions as the lift motor room and is accessed via a hatch on the eleventh floor. Each of the upper floors serving flats is of the same layout. This consists of a lift lobby off which 4 flats are directly accessed; however, floors 1, 2, 4, 5, and 9 have an additional flat as opposed to other floors. Also adjoining this lobby are 2 electrical cupboards, a sprinkler valve cupboard, a pipe service riser cupboard, and a dry riser cupboard. An FD30s door from each lobby provides access to a permanently vented corridor, off which are further FD30s doors to a bin chute and the staircase which serves all floors. At ground floor level the staircase discharges into the main entrance lobby, from which there are 2 final exits. The ground floor is of a unique layout, consisting of the lift lobby with adjoining flats, an old caretaker's area, service/electrical risers, community facilities, and a biomass boiler room. The old caretaker's area is made up of a corridor which is an electrical room, store cupboard, water pump room, and cleaners room. The community facilities area is accessible via the lift lobby and a short corridor adjoining the lift lobby provides access to a community kitchenette, community room, server room, and electrical room. However, the community room is currently being used as a site office for contractors. The bin room is externally accessed to the front of the building.

A common BS5839-1 fire alarm system is installed, which spans throughout the majority of the building's common areas, including many electrical cupboard risers. This system also extends into flats as detailed below. The previous FRA confirmed that this system has been configured to be silent and to function as an emergency alert system for use by the Fire and Rescue Service. Also previously confirmed is that a separate BS5839-1 fire alarm system is installed in the biomass boiler room. Emergency lighting is installed throughout the building's escape routes and corridors. A sprinkler system is installed, which extends throughout each resident's flat and also covers some of the plant and community areas on the ground floor.

A number of resident flats were accessed (as specified in Section 1) and the layout of each of these was very similar, consisting of a flat entrance door opening into a hallway, to access bedrooms, store cupboards, a living room, and bathroom/shower areas. Some flats were slightly different in that the toilet and shower room were separated but were otherwise the same. The kitchens were inner rooms, with the living room serving as the access room. Also adjoining each living room was an enclosed balcony. The standard of the fire alarm system in each flat was generally BS5839-6 Grade D LD1 with the exception of the enclosed balcony where no automatic detection was installed. A BS5839-1 heat detector was also installed in each hallway, and this was linked to the communal fire alarm system.

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:

An assumption of two persons per flat.

2.6 Approximate maximum number of employees at any one time:

Limited to occasional visits by cleaning and maintenance staff.

2.7 Maximum number of members of the public:

Limited to visitors to the residents.

2.8 Occupants at Special Risk:

<i>Sleeping occupants</i>	
Persons familiar with the premises	Yes
Persons unfamiliar with the premises	N/A
<i>Occupants with disabilities</i>	
Mobility-impaired	Yes
Hearing-impaired	Yes
Learning difficulties	Yes
Occupants in remote areas	No
Others	Yes
Comments	
<p>Flats are general needs. Residents may be present with any combination of disabilities throughout the premises.</p> <p>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.</p>	

2.9 Fire Loss Experience

None evident. None 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

There is a community room on the ground floor used at present as a small office.

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.

There are a number of deficiencies identified relating to the passive fire protection measures (see findings in section 9), which may impact the containment of fire from the area/compartment of fire origin.

There are also other findings/recommendations, therefore, the risk to life is considered to be moderate.

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 comprehensive BS5839-1 fire alarm system is installed as well as a BS9251 sprinkler system. Which is monitored and would lead to the early summoning of the Fire and Rescue Service. Although there are a number of findings and recommendations, the standard of compartmentation is considered to be acceptable. For these reasons, the 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?	Yes
4.4	Are all combustible or flammable materials stored or stacked safely?	Yes
4.5	Has consideration been given to reduce the quantity held or has the use of non-combustible materials been considered?	Yes
4.6	Are all substances stored away from ignition sources?	Yes
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 found stored or used inside the premises.
4.3-4.6	A clearly identifiable, metal COSHH cupboard is located in the water tank and pump room, which is situated within the restricted access old caretaker's area.

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	With the exception of a metal bench in the entrance lobby, the furniture within the common areas was located in the community room, currently in use as a site office. The furniture within the community room, although not labelled to show compliance with current regulations, was in acceptable condition and reasonable to assume is compliant. 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?	Yes
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?	N/A
6.18	Are filters changed and ductwork cleaned regularly?	N/A
6.19	Are suitable extinguishing appliances available?	N/A
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
	None.
Ref	COMMENTARY
6.0	It was previously confirmed that WCHG have an empty homes policy to ensure any void or empty flats have their gas and electricity disconnected.
6.0	Isolation and emergency stop switches for the lifts are located in the lift motor room.
6.1	The flats are heated by a communal biomass heating system with a gas backup. Water heater vessels are installed within cupboards in flat bathrooms.
6.5	The previous fire risk assessment raised an action in regard to the lack of PAT testing in the office. PAT testing has been carried out. The action has been signed off as completed, Mike Holt has also confirmed to the assessor that this office undergoes PAT testing inline with the WCHG policy.
6.5, 6.10, 6.13	The previous fire risk assessment raised an action in regards to the PAT testing and plug loading in the office on the ground floor. The action has been signed off as completed and from a quick observation from the door of the office, extension leads appeared to be being used within reason. 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	WCHG has confirmed as part of their standard responses that the building's electrical systems undergo electrical safety checks. It was previously confirmed that both the common area and the flat electrical installations are serviced on a 5-yearly basis. A label was observed on one of the electrical consumer units that was dated 06/2021 for the last service.
6.16	Suitable electrical hazard signage was provided to service riser cupboards, where appropriate.
6.17	Only refreshment facilities are provided in the community kitchenette on the ground floor, such as a kettle and fridge.
6.20	WCHG has confirmed as part of their standard responses that they have appropriate testing and maintenance programs in place to ensure legal compliance.
6.20	There are 2 lifts in the building, one that serves odd floors and one which serves evens. Both of the lifts serve the top floor and the ground floor. It is understood that the lifts are serviced on a monthly basis by a competent person and are also checked on a weekly basis to ensure they default to ground floor level on activation of the common BS5839-1 fire alarm system.
6.21	Lightning protection is installed. WCHG has confirmed as part of their standard responses that these systems are checked and maintained.
6.22	It was previously noted that there are no solar or PV systems fitted to this building.

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?	N/A
7.6	Are disabled refuges provided?	Yes
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
	None.

Ref	COMMENTARY
7.1, 7.3, 7.8	<p>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.</p> <p>Although not viewed, it is understood that information regarding the assistance of any mobility-impaired residents is included in a SIB, (Secure Information Box) sited in the entrance foyer and which is easily accessible by the fire and rescue service.</p>
7.3	<p>The previous FRA noted:</p> <p>WCHG had confirmed that they currently have a means of identifying vulnerable persons within the building, detailed as follows:</p> <p>An email is sent out to all tenants using the email address provided by the tenant to WCHG, enabling them to self-identify as vulnerable. For persons who have not provided WCHG with an email address, a letter is sent. Where neither an email nor a letter is replied to, WCHG knock on resident doors. Finally, where none of the former means of contact have been successful, WCHG set a response deadline. Personal information relating to the residents is logged via a questionnaire within the email/letter and responses are held on 'Orchard'.</p> <p>WCHG confirmed that where a vulnerable person is identified via the completion of the questionnaires detailed above an 'EVAC ' report is completed. If unable to self-evacuate from their flat, a vulnerable tenant is offered an online rehousing application with a view to moving to a more suitable premises/location.</p> <p>Managers receive updates daily regarding any vulnerable persons and information relating to vulnerability is held on a tenant's file. The Fire Service is also made aware of all tenants who are in need of assistance in the event of an emergency.</p> <p>Our assessor was not made aware of any changes to the above process, and it is reasonable to assume the above is still current.</p>

7.3, 7.7

Identification of vulnerable residents in purpose-built flats with regard to escape provision:

As part of the fire safety management plan, it is critical that 'adequate provisions' are provided for the evacuation of any disabled users. The fire safety for the building needs to take into account the disabled occupants who may have access to the premises. Purpose-built flats are afforded with enhanced levels of compartmentation and these enhanced levels of fire compartmentation are generally considered 'adequate provisions' that allow occupants to remain in the non-fire affected compartment in the event of a fire elsewhere. Any failings discovered in the fire compartmentation jeopardize the evacuation strategy either locally to a flat/floor or within the whole building and protection measures would need to be reviewed immediately. There is no requirement under the Fire Safety Order for the Responsible Person to consider the means of escape from within a person's flat which is considered a 'private dwelling', unlike the duty for protection required within the common parts for all persons. A flat occupied by any person, including a vulnerable or disabled person, is separate from this duty if they are unable to self-evacuate from a fire affecting their flat. Irrespective of the legislation, two distinct evacuation stages are considered;

1. Evacuation from the dwelling on fire - [NFCC Specialised Housing Guidance](#) is intended to assist Responsible Persons for purpose-built blocks of flats where disabled and vulnerable persons are housed, and the recommendations in the guide go beyond the scope of the legislation. The guide recommends measures for the protection of vulnerable residents from a fire within their own flats. A disabled person living in a block of flats is best served with a Person-Centred Fire Risk Assessment (PCFRA), which may or may not lead to a Personal Evacuation Emergency Plan (PEEP), but, even if it does where trained persons are able to assist, the PCFRA will achieve far more in terms of the safety for a disabled person from the risk of fire in their own flat than focusing purely on the much more narrow issue of a PEEP. In all cases, it is likely to lead to a Personal Rescue Emergency Plan (PREP).
2. Moving through and evacuation from the common parts - Many persons with mobility impairment will be able to leave their own flat but may be unable to evacuate from the building (e.g. because of difficulty in negotiating stairs). In this connection, two matters need to be considered, namely relatively safe refuges and the use of existing lifts subject to the assessment of risk.

Following consultation with the residents:

- Every resident who voluntarily self-identifies to the Responsible Person as unable to self-evacuate should be subject to a PCFRA. This may lead to a PEEP or a PREP.
- The assessment should differentiate between a person who is unable to self-evacuate from their flat and a person who is able to get out of their flat but is unable to evacuate from a relatively safe area (staircase or refuge).
- Where a PEEP is the outcome of a PCFRA it should look to implement building safety measures where reasonably practicable to ensure that those with impairments have a plan for evacuation and should only require rescue in circumstances where this main plan cannot be implemented. It should not be implied that a successful evacuation will always be possible, and rescue is never needed; in some cases of severe disability, evacuation or rescue by FRS will be the only option.
- Responsible persons should add information to the Premises Information Box (PIB) that they are aware of, for example, where they have been notified about a person with mobility impairments who has not self-declared or has refused a PCFRA/PEEP.
- Clarity may be necessary on whether the Responsible Person would be fulfilling the duties under the Fire Safety Order if all vulnerable persons have not been considered and given the opportunity to self-declare mobility impairments.
- The PIB rescue information for the fire and rescue service is not the same as a PCFRA/PEEP; this applies even where a PCFRA/PEEP is declined since the amount of information required can vary and the PEEP/ PCFRA is particular to that person.
- The PCFRA/PEEP should feed into a review of the premises fire risk assessment. If the use of refuge areas is to be relied on as part of a PEEP, details about the method of communication from the place of safety should be included.
- PCFRA/PEEP should be reviewed as soon as practicable if the resident indicates a change in circumstances to the Responsible Person. A regular review of PCFRA/PEEPs is also required to mitigate the risk of changes to circumstances going unnoticed because residents have not updated the Responsible Person.

It is important that the Responsible Person understands that any PEEP, PREP, or PCFRA may require the building's Fire Risk Assessment to be informed and updated.

Personal plans for fire emergencies:

PEEP (Personal Emergency Evacuation Plan) - Is the term normally understood for a generally non-residential building to provide a plan separate and in addition to the normal fire plan which may include assistance to evacuate from the building by trained persons available at all times that the disabled person is expected to be in the premises. This type of plan is generally ineffective and not recommended in purpose-built blocks of flats that do not have permanent staff on site. Reliance on friends and non-resident family members as part of a PEEP may place a vulnerable persons or their nominated assistant at greater risk of harm as they may not be available at the critical time or be sufficiently trained to make a suitable dynamic assessment of the risks presented.





PCFRA (Person Centred Fire Risk Assessment) - The person-centred approach, based on a PCFRA, relates to the safety of residents who are at high risk from fire in their own accommodation; as such, this risk assessment and measures identified by it are outside the scope of the Fire Safety Order. The assessment is designed to reduce the potential fire hazards as far as possible depending on the personal circumstances of the disabled person, thus reducing the risk of fire, and may also include a PREP.

PREP (Personal Rescue Emergency Plan) - This term is born out from a PCFRA and is generally where a disabled person is in need of rescue by the Fire and Rescue Service when all other risk reduction measures have failed. For an outbreak of fire elsewhere other than the disabled person's flat the probability of implementing such a plan is greatly reduced. This is unlikely to arise unless there are building failures, such as loss of compartmentation.

7.6	<p>Refuge signage is provided in some of the corridors between lobbies serving flats and the staircase. This is consistent with Section 70.11 of the Fire Safety in Purpose Built Blocks of Flats guidance, which states: 'Many older and disabled residents will find it difficult to use stairs in the event of a fire, and additional measures may need to be considered. These could include temporary safe refuge areas or spaces within existing protected lobbies and stairs. 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."</p> <p>It should be noted that these areas may be considered TEMPORARY refuge areas only and persons should not be encouraged to wait in these areas for rescue. The areas are not fitted with any sort of communication system.</p>
7.10-7.11	<p>Contractor access is controlled by WCHG. A signing in book is not necessary. Visitors to the flats are the responsibility of the tenants. Where necessary, health and safety information relating to this building may be provided by WCHG to attending contractors, prior to them accessing the premises.</p>
7.12	<p>Restricted areas are secured by locked doors which are locked by WCHG staff or cleaners when not in use.</p>

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?	Yes
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.	Yes
8.8	Do any inner rooms exist?	No
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?	N/A
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?	No
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?	Yes
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
	None.
Ref	RECOMMENDATIONS
	None.

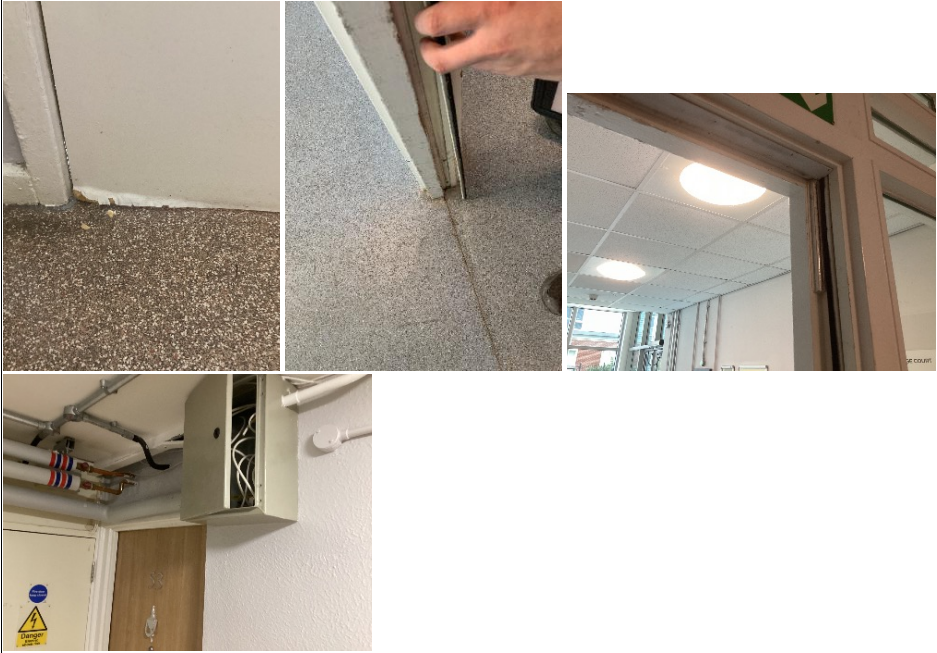

Ref	COMMENTARY
8.2	<p>The below photographs show an example of the means of smoke ventilation in the stairway of the premises. The layout is the same on all floors from the first floor upwards. The vent on the stairs leads into the metal ducting which in turn vents direct to outside, passing through the refuse chute room on its way. The previous FRA confirmed that WCHG have engaged third parties to confirm that this method of smoke ventilation is adequate. Smoke modelling calculations have been provided by a fire engineer who concluded that provided new grilles were fitted and the ducting was cleaned the existing provisions for smoke ventilation are satisfactory. In addition, the ducting has been inspected by another third party who confirmed that they were fit for purpose. Although not viewed on this assessment, it is understood that WCHG have documentary evidence available issued by the third parties.</p> 
8.2	<p>Noted during the previous fire risk assessment: A louvred door provides a means of permanent ventilation to the lift motor room.</p> 
8.2	<p>The corridor between the lobby serving flats and the staircase is provided with permanent ventilation, as is the refuse chute room.</p> 
8.6	<p>It was observed at the time of the assessment that the gated area has not been provided with an emergency override. This area is for authorised persons only; they would not be working in this area for long periods of time, and there is a choice of direction within the plant rooms.</p> 



8.7	A metal bench is located in the main entrance lobby, where the staircase serving all of the floors discharges. The presence of this item is not considered to significantly increase the risk to life of the residents, however, close attention should be paid with regard to prevention of any additional items being placed in the area.
8.11	The previous assessment noted that the double doors from the plant room within the caretaker area were found key-locked shut. Although an alternative exit is available back through the building, this exit leads directly to open air and would be the preferred choice if evacuation were needed from this area. Note: Although this area could not be accessed, it was observed in neighbouring high-rise blocks that have the same recommendation that the exits were clear and there was now signage on the door that informed the occupant to unlock the doors when undertaking any work. This is deemed acceptable as the doors need to be secure (security risk).
8.11, 8.13	Fire doors that have been fitted to flats have thumb-turn type locking devices on their internal side.
8.11, 8.13	The final exit from the Community Room (now used as an office) leading into the front car park is operated via the use of a thumb-turn device. There is also a green override, but it was advised that this has been isolated and not in use.
8.12	It was previously confirmed that WCHG have confirmed that weekly escape route checks are carried out, as are weekly final exit door checks. These are recorded electronically. Final exit doors are also used regularly by residents and it can be reasonably expected that any fault would be reported.
8.17	Electromechanically secured doors separate the staircase from the corridors serving flats and these require fob access in the direction towards the flats. In the direction of escape, a suitable push pad device is provided leading into the stair. 
8.17	It was previously confirmed that the door into the biomass boiler room is electromechanically secured and has a thumb-turn type fastening on the internal side.
8.18-8.19	It was previously confirmed that WCHG have confirmed that the electromagnetic door lock release mechanisms are checked weekly, with this recorded electronically. They are also serviced/tested every six months.
8.18-8.19	Two final exit doors from the building, both located at the base of the staircase serving the upper floors, were electromagnetically secured and were accompanied by suitable green box emergency overrides. It was previously confirmed that secured doors (whether electromechanical or electromagnetic) are configured to release upon activation of the fire alarm system.
8.18-8.19	Extract from previous fire risk assessment: The previous FRA raised an action in relation to the gate being electromagnetically secured and, although a 'push button to exit' system was provided, there was no green box emergency override present. The previous FRA action has been signed off as complete on 27/01/2023 by Diane Burrell. Onsite observations showed an override has now been installed to one of the gates. 






9.0 The Confinement of Fire

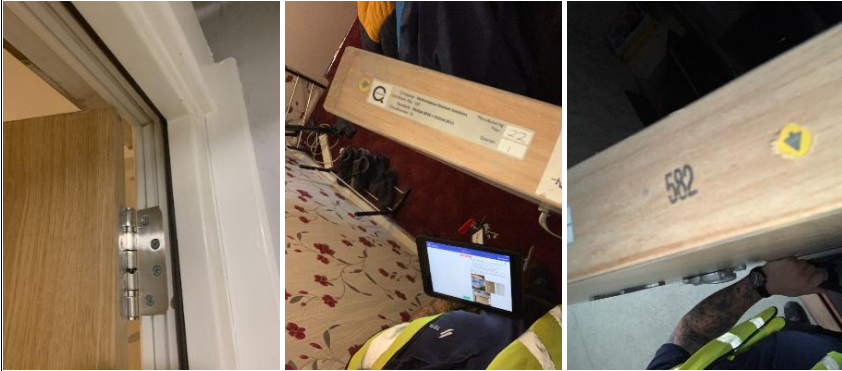

9.1	Are all escape routes and compartments protected by fire resistant walls and doors where required?	No
9.2	Where required, are the compartment walls of top floor compartments extended through the roof void and suitably sealed at the roof?	N/A
9.3	Is there a procedure for monitoring and maintaining 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 intumescent 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?	Yes
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?	N/A
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?	Yes
9.17	Is there potential for fire and smoke spread into the premises from an external fire?	Yes
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	<p>The lobby door on the 9th floor was not able to close fully into the frame due to modifications made by the residents. Where fire doors are not able to close fully, they may allow for the spread of fire and products of combustion, placing persons at risk of harm.</p> <p>Note: During the previous fire risk assessment, this was also an issue on the 3rd and 10th floor. The modifications have since been removed.</p>
	Recommended Actions
9.1, 9.5, 9.8	<p>It is recommended that the modifications be removed so that the doors are able to close fully and into the frame. To prevent this from happening again, WCHG could alter the door/self closer so that the door does not bang when shutting and disturb residents. (If changes are made, WCHG should ensure that the door can still close fully and into the frame unaided).</p>
	Observation
9.1, 9.5, 9.8	<p>It was observed at the time of the fire risk assessment that the smoke seal on the ground floor lobby door was loose, and there were no smoke/intumescent seals observed to the top of the doorframe. The 10th-floor bin room door was seen to have damage to the base. The service box above flat 53 could not be secured. Where fire doors are damaged, missing components and doors are not able to be secured, this may lead to the spread of fire throughout the communal areas, placing persons at risk of harm.</p> 
	Recommended Actions
9.1, 9.5, 9.8	<p>It is recommended that smoke seals be secured to the grooves in the doorframe and smoke/intumescent seals be installed to the top of the door. Damaged doors be repaired, and where doors are not able to be secured, they are adjusted so that they are able to be closed.</p>
	Observation
9.1, 9.8	<p>It was observed at the time of the fire risk assessment that there was damage to the wall within the staircase on floor three. Where there is damage to fire-resistant construction, it may not provide the expected level of fire resistance as expected, placing persons at risk of harm.</p> 
	Recommended Actions
9.1, 9.8	<p>It is recommended that the damage be repaired so that the wall is rated to 60 minutes of fire resistance.</p>

Observation	
9.1, 9.8	<p>It was observed that there was evidence of pink foam usage in existing fire stopping in the sprinkler valve cupboard (third floor). Where potentially inappropriate materials are used to fire stop breaches, it may not provide the expected level of fire resistance, placing persons at risk of harm.</p> 
Recommended Actions	
9.1, 9.8	<p>It is recommended that the pink foam used be confirmed to be fire-resistant and to a 60 minute standard. It should be noted that the data sheet for the pink foam should be consulted to ensure that it has been installed as recommended by manufacturers.</p>
Observation	
9.5	<p>The door to the electrical room opposite the kitchen on the ground floor was found to be open at the time of the fire risk assessment. Where fire doors are left open, they may allow for the spread of fire and products of combustion, placing persons at risk of harm.</p>
Recommended Actions	
9.5	<p>It is recommended that the door be kept locked shut. 'Fire door keep locked' signage should be installed to this door instead of the current 'Fire door keep shut'.</p>
Observation	
9.16-9.17	<p>It was observed at the time of the fire risk assessment that the cover was missing to a vent on the side of the building close to the smoking area. Cigarettes could be thrown into this open vent with malicious intent, a fire could potentially develop within the wall cavity and spread into the premises, placing persons at risk of harm.</p> 
Recommended Actions	
9.16-9.17	<p>It is recommended that a vent cover be installed on this vent.</p>
Ref	RECOMMENDATIONS
Observation	
9.18	<p>As previously identified; The electromechanically securing doors from the staircase leading towards flats on a number of floors were not secured and this may enable unauthorised access to the lift lobby/flat entrance areas.</p> <p>Note: This was observed on a number of floors, improvements have been made since the previous fire risk assessment.</p>
Recommended Actions	
9.18	<p>It is recommended that the doors are repaired so that they remain secure, and prevent unauthorised access.</p>

Ref	COMMENTARY
9.1	<p>The previous fire risk assessment noted that the gas service riser cupboard adjacent to flat 7 (first floor) is provided with an intumescent grille. Intumescent grilles would not prevent the spread of products of combustion prior to reaching the temperature required to seal, meaning that some products of combustion may be able to enter the escape route and place persons at risk of harm. At the time of the fire risk assessment, it was observed that the vent had been sealed from the interior side of the door.</p> 
9.1	<p>The previous fire risk assessment noted that there were works ongoing to remove the panelling above flat entrance doors, this work is ongoing. (1. photo from the previous assessment.) (2. Current state above the flat entrance doors). (3. most recent photo of above the flat entrance doors).</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>1.</p> </div> <div style="text-align: center;">  <p>2.</p> </div> <div style="text-align: center;">  <p>3.</p> </div> </div>
9.1	<p>As previously noted, a fire resisting hatch appears to have been installed between the eleventh floor and the lift motor room.</p> 
9.1	<p>It was previously highlighted that there were two service risers or shafts containing soil pipes for the flats. One is located in the caretaker's corridor behind the bin room and the other in the corridor leading to the community room which is still being used as a site office. The previous FRA noted that WCHG have confirmed that fire stopping and compartmentation works have been carried out to ensure that the soil pipes and other associated pipework are fire stopped where they pass through compartment floors and walls and where necessary they are enclosed in fire resisting construction. Documentary and photographic evidence is available but was not viewed on this assessment.</p>
9.1-9.2	<p>There is no roof void compartmentation to consider as the building has a flat roof as seen on site in a neighbouring block and via Google Maps.</p>
9.1, 9.5	<p>The previous FRA noted that the door to the biomass boiler room is a self-closing metal door with a large rebate. No access was gained on this assessment due to no keys being able to unlock the door. No issues were previously raised in this area, and it is reasonable to assume the same.</p>

9.1, 9.5	<p>The previous fire risk assessment raised an action that there were deficiencies observed regarding fire doors in the communal area:</p> <ul style="list-style-type: none"> • The community area electrical cupboard door was missing intumescent fire and cold smoke seals on the top edge. This action has been completed. • The majority of the bin refuse doors had gaps in the doors where daylight could be seen. The gaps didn't seem excessive, however, the cold smoke seals did not fill the gap between the door and frame. At the time of the fire risk assessment, this issue was still the same, however, it is the opinion of the assessor that due to the size of the rebates of the doorframe and the level of ventilation within the refuse rooms, the gaps are considered acceptable. • The bin refuse door on the 9th floor was missing intumescent fire and cold smoke seals low down on the door edge. This action has been completed. • The staircase doors to floors 1 and 7 were missing intumescent fire and cold smoke seals. This action has been completed. • A small crack was found on the transom glazing to the lobby door to the lift and flats on the 1st floor. This action has been completed.
9.1, 9.5-9.6	<p>A sample of flat entrance doors were accessed and visually inspected. The entrance doors appeared to be robust timber doors certified to FD30, and installed with intumescent fire and cold smoke seals, and a self-closer. A label was provided on the top door edge, and BM Trada door plugs were also installed on the door edges. It is reasonable to assume that the remaining flat entrance doors are of the same door assembly and furniture, as they all visually appeared to be the same. Test evidence of each fire door's performance was not available, however, one was observed as part of a previous action.</p> <div data-bbox="236 748 1082 1117">  </div>
9.1, 9.5-9.6	<p>All doors to the refuse chute rooms on every upper floor were seen to be in a good state of repair, and other doors to the stair lobbies on all floors were also in a good state of repair, working correctly and fully self-closing at the time of this FRA.</p>
9.1, 9.5-9.6	<p>Extract from previous fire risk assessment: The previous FRA raised an action in relation to several cupboards adjoining the corridor serving the community areas/server room that could not be accessed be fitted with FD30s doorsets and fire stopped within. The previous FRA action has been signed off as complete on 23/09/2022 by Mike Holt. Access was gained into 2 out of 3 cupboards in this area to show that the doors are robust timber doors with intumescent fire and cold smoke seals installed, and fire door signage on the doors. Also within the cupboards accessed, fire stopping was undertaken. It is reasonable to assume the same in the none accessed cupboard.</p> <div data-bbox="236 1335 1385 1704">  </div>
9.1, 9.5-9.6, 9.8, 9.16-9.17	<p>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.</p>
9.1, 9.5, 9.8	<p>The previous assessment highlighted breaches in compartmentation within the communal areas throughout the block. These include:</p> <ul style="list-style-type: none"> • There were breaches in the wall adjacent to flat 29. • There was a small hole in the wall observed flat 19. • There was a hole in the doorframe of the riser adjacent to flat 13. <p>It was observed at the time of the fire risk assessment that the above breaches had been rectified, and photographic evidence had also been provided for this action on Aurora. Only one area had not been rectified, see 9.1/9.8 finding.</p>

9.1, 9.5, 9.8	<p>The previous fire risk assessment noted that it was observed at the time of the fire risk assessment that the entrance door to flat 54 was damaged. At the time of the fire risk assessment it was observed that a new FD30s door had been fitted.</p>
	
9.1, 9.5, 9.16	<p>During the previous fire risk assessment, several doors within the caretaker rooms could not be closed/locked at the time of the assessment. It was confirmed by WCHG that this action has been completed by HG Maintenance. It was confirmed that the doors had been repaired. Completion date 10/09/2024.</p>
9.1, 9.8	<p>It was observed during the previous fire risk assessment that there were breaches in the lift shaft wall due to the lift upgrade work that is currently ongoing. At the time of the fire risk assessment, these breaches had been filled; the level of fire resistance the breaches should have been fire stopped to is 60 minutes, as noted in the previous assessment. It is assumed that WCHG have completed this action in line with the previous recommendation.</p>
	
9.1, 9.8	<p>As highlighted previously, compartmentation works have been carried out throughout the premises by Allied Protection Ltd. They are an accredited passive fire protection contractor and it is understood they have provided WCHG with documentary/photographic evidence of their work (not seen on this assessment). Following the installation of the fire alarm system, further fire stopping was required. This was carried out by Flame Hold Ltd who are also an accredited passive fire fire protection contractor. It is also understood they have provided WCHG with documentary/photographic evidence of their work (not seen on this assessment). The majority of the fire stopping and compartmentation work throughout the premises was observed to be of a high standard. A singular exception to these high standards have been detailed within the finding 9.1/9.8.</p>
	



9.1, 9.8	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
9.1, 9.8	<p>The previous fire risk assessment raised an action in regard to multiple breaches in compartmentation throughout the building. At the time of the assessment, the assessor was able to access the areas in which the breaches were noted to be. Breaches caused by cables and pipework appear to have been fire-stopped. The panelling above the flats has been removed and is currently being upgraded, Fire-stopping stickers from Alpha Fire Limited, indicate that fire-stopping has been carried out in July 2023.</p> <p>Note: The photos below show fire stopping in the ground floor roof area above the false ceilings, within risers and electrical cupboards and above flat entrance doors.</p> <div data-bbox="236 1153 1366 1525">  </div>
9.1, 9.16	<p>The previous fire risk assessment noted that the electrical cupboard adjoining the corridor that serves the community areas (ground floor) was found open and unable to lock shut. At the time of the fire risk assessment, it was observed that this door has been repaired so that it is able to close fully and be secured. It was secure at the time of the fire risk assessment.</p>
9.4	<p>WCHG have confirmed that common Fire Doors to High Rise Blocks above 11 m are inspected quarterly by a third-party trained consultant and any defects are recorded and repairs are raised to rectify. All high rise doors are visually inspected by the Building Safety Officer on weekly visits to the blocks.</p> <p>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</p>
9.5-9.6	<p>The previous fire risk assessment raised an action regarding fire door deficiencies with communal doors were identified in this assessment. These include:</p> <ul style="list-style-type: none"> • Previously raised - Community area kitchenette - This door was not locked and did not have a self-closing device. Either keep locked and provide 'Fire Door Keep Locked' signage or install a self-closing device. • Previously raised - The ground floor automatic door separating the lobby and staircase had a large 10mm gap at the top edge. • Previously raised -The riser cupboard next to flat 32 was not closing shut. <p>At the time of the fire risk assessment, the actions appeared to have been completed. WCHG have also confirmed that these actions have been completed by HG Maintenance.</p>
9.8	<p>Metal boxed-in trunking and conduits for cable runs were present throughout the communal area. The trunking and conduit appeared to be in good condition and would be expected to offer a reasonable level of fire resistance.</p>


9.11	The previous FRA confirmed that WCHG have confirmed that Allied Protection Ltd has completed fire stopping and compartmentation works to prevent fire spread via the common bathroom and shower room extract shafts. They have also fitted fire rated valves with an intumescent infill in the bathrooms which are connected to the ducting and shaft. Although these valves will not prevent smoke spread into the shaft in the early stages of a fire they are considered an acceptable method of preventing fire spread. Documentary and photographic evidence is available to evidence the works carried out by Allied Protection Ltd and are held by WCHG. These were not viewed on this assessment.
9.11	It was noted that the kitchen ventilation in the flats seen is extracted directly to the outside, via a powered fan, which was not common to any other flats. It is assumed that all the flats in the block have similar provisions installed.
9.16	Although no access was gained on this assessment, the previous FRA confirmed that in the externally accessed bin room on the ground floor, the bin in use is located adjacent to a lid that has a fusible link and closes should a fire occur within the bin, in order to prevent fire spread up the chute. It is understood that the fusible link is checked six monthly by an appointed contractor. No issues were previously raised in this area, and it is reasonable to assume the same.
9.16, 9.27	The previous fire risk assessment noted that WCHG has confirmed that they do not have a balcony policy, and it is not known if there is any mention of prohibited items regarding balconies in the tenancy agreements. WCHG have since confirmed that although there is no balcony policy in place, WCHG do mention this in the tenancy agreements- "3.12 Communal areas, you and anyone living with you or visiting your home will cooperate with the group and your neighbours to keep any communal areas clean, tidy and clear of obstruction. You must not cause any damage to, obstruct or store goods within common areas, including common passageways, landings, hallways, balconies, staircases, lifts, and lift entrances or courtyard areas. The Tenant must not keep mopeds, mobility scooters, motorbikes or bicycles or other items which might cause an obstruction in the common areas. The Group reserves the right to remove any items left in communal areas after giving notice of their intention to remove the item(s) to the Tenant or relevant tenants in the Building."
9.27-9.28	<p>The previous FRA confirmed the below in relation to the external cladding system on the building. No changes have been advised:</p> <p>A product sheet certificate has been provided to our assessor for the external wall insulations (EWI) system fitted to the building. This is a TERMOK8 external wall insulating render system comprising of mechanically fixed mineral wool dual density or mineral wool lamella insulation slabs, with supplementary adhesive, reinforced basecoat and either render or brick slip finishes. The product certification states a reaction to fire classification of A2-s1, d0 in accordance with EN 13501-1, which exceeds the minimum requirements for a building with a storey above 18m as detailed in Section 10.6 of Approved Document B Volume 1 (this minimum requirement is A2-s3, d2).</p> <p>In addition to the provision of this product sheet, WCHG provided our assessor with an external façade report for the building, carried out by 'High Rise Fire Safety' in 02/2018. This certification states on page 5 of the report that 'The cladding affixed to the external façade of the premises is made up of layers of materials that individually, and collectively, have limited or non-combustible fire ratings as defined in Appendix A (A6 & A7) of Approved Document B of the Building Regulations'. The report then goes on to confirm that the cladding will not contribute to fire spread on the building.</p> <p>Previous fire risk assessments have confirmed that the enclosed balconies have curtain wall glazing which is aluminium framed with clear and opaque glazing throughout.</p> 

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
	None.
Ref	RECOMMENDATIONS
	None.

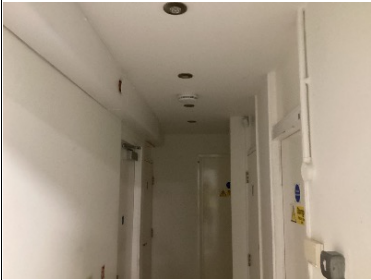
Ref	COMMENTARY
10.1, 10.4-10.6	Although no access was gained on this assessment, the previous FRA confirmed that the biomass boiler room has its own BS5389-1 Category L5 system. This system consists only of automatic detection/manual call points within the biomass boiler room. It was also previously confirmed that this fire alarm system is not linked to the BS5839-1 fire alarm system which spans throughout the rest of the common areas, however this system is itself monitored. This would result in the early summoning of the Fire and Rescue Service on its activation. It was also previously noted that the fire alarm panel for this system is within the biomass boiler room.
10.1, 10.4-10.6	<p>The common area fire alarm and detection system incorporates smoke detection throughout the majority (except the biomass boiler room - see another commentary 10.1, 10.4-10.6) and heat detection in the hallways of each resident flat. It was noted that in this building, detection linked to the common BS5839-1 system was only provided in the corridor serving the community room areas, but not within each of the rooms adjoining this corridor. Instead, BS5839-6 Grade D interlinked detection was provided in this room to provide early warning to the occupants of those rooms. This is considered satisfactory. The fire alarm panel for the BS5839-1 fire alarm system is located at ground floor level in the staircase enclosure. It was previously confirmed that the system is addressable. Further detail regarding the fire alarm system and its purpose within the building is provided in commentary 12.14.</p> 
10.2	The previous fire risk assessment raised an action that the ground floor bedsit flat from the lift lobby area next to the biomass plant room (red door), had a bleeping fire detector within. At the time of the fire risk assessment, the assessor did not hear the detector beeping, and WCHG has provided a date of completion.
10.2-10.3	<p>In general, the resident flats accessed were provided with BS5839-6 Grade D LD1 fire alarm systems and WCHG has previously confirmed that this provision is consistent throughout all of the flats in the building.</p> <p>As part of their standard responses, WCHG advised that all alarms in flats are checked and the findings recorded as part of the annual gas servicing. Due to the above process and physically seeing detection in flats accessed, it is reasonable to assume that this is representative of the remainder of the flats.</p>
10.12	<p>Extract from previous fire risk assessment: The previous FRA raised an action in relation to there being no confirmation on whether a sounder linked to the fire alarm system was provided on the roof, nor could it be confirmed that, where provided, such a sounder is programmed to be audible. The previous FRA action has been signed off as complete on 16/09/2022 by Mike Holt. Threshold access was gained to the roof on this assessment with which a sounder was seen. Red cabling could also be seen penetrating the lift motor room walls to the roof area in this block indicating the fire alarm system extends to this area. Due to the action being signed off as complete, it is reasonable to assume that the sounder has been confirmed as audible as previously recommended.</p> 

10.13	<p>At the time of the fire risk assessment, a zone plan was observed adjacent to the fire alarm panel.</p> 
10.14-10.16	<p>As part of their standard responses, WCHG ensures that the fire alarm/emergency alert systems are tested weekly, with tests, faults, and maintenance schedules recorded. Also confirmed in their standard responses is that the maintenance of such systems is carried out regularly by an approved contractor.</p>

11.0 Emergency Escape Lighting


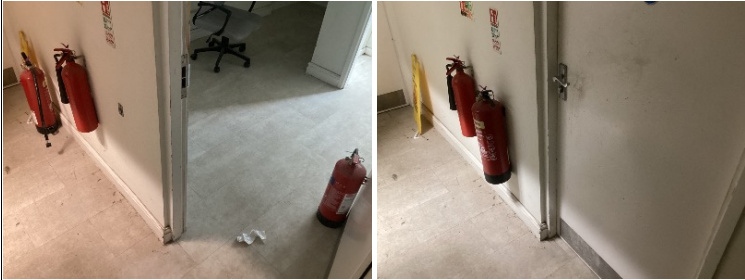
11.1	Has the provision of emergency lighting been considered? Working hours, windowless areas, open access areas>60m ² , toilets>8m ² .	Yes
11.2	Is emergency lighting provided in accordance with guidance relevant to the purpose group for the premises? (BS5266, ADB)	Yes
11.3	Does it illuminate escape 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?	N/A
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?	No



11.0 Emergency Escape Lighting: Finding(s)



Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	Observation
11.7	<p>It was observed at the time of the fire risk assessment that the normal lighting in the caretakers area as seen on the photo below was no working at the time of the fire risk assessment.</p> 
	Recommended Actions
11.7	It is recommended that the normal lighting in the hallway be repaired.
Ref	COMMENTARY
11.1-11.3	Suitable provision of emergency lighting was observed throughout the common areas, including the plant and old caretaker's rooms. It was not possible to ascertain the exact level of illumination, but the coverage appeared to be satisfactory.
11.4	There is adequate borrowed light available externally for persons to reach a place of safety.
11.5-11.6	As part of their standard responses, WCHG ensures routine checks are carried out for emergency lighting in accordance with the appropriate standards to which the system conforms. I.e. daily, monthly, 6-monthly and annual checks.

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?	Yes
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?	N/A
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?	Yes
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?	Yes

12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	Observation
12.2	<p>It is noted that an out-of-date dry powder extinguisher was present in the ground-floor kitchen. The discharge of a powder extinguisher within buildings can cause a sudden reduction of visibility and can also impair breathing, which could temporarily jeopardize escape, rescue or other emergency action. For this reason, powder extinguishers should generally not be specified for use indoors, unless mitigated by a health and safety risk assessment (taken from BS5306 Part 8:2012; sec 5.4.3).</p> 
	Recommended Actions
12.2	The powder extinguisher should be replaced with a suitable alternative. For further information, a competent fire extinguisher engineer could be consulted for further advice on the risks covered by dry powder extinguishers.
	Observation
12.3	<p>Extinguishers within the ground floor caretakers' area were found on the floor and wedging the kitchen door open. This was corrected by the assessor at the time of the fire risk assessment.</p> 
	Recommended Actions
12.3	It is recommended that the staff be reminded not to move the extinguishers from designated points and to especially not wedge fire doors open.

Ref	COMMENTARY
12.0	Extract from the previous fire risk assessment: The previous FRA raised an action in relation to any new draft fire strategies and proposed fire safety precautions to be installed in support of the fire strategy should take account of the recommendations from the Grenfell Tower Inquiry. The previous FRA action has been signed off as complete on 01/02/2023. New regulations (The Fire Safety (England) Regulations 2022) have now been implemented, with organisations obliged to follow them. As the action has been signed off as complete, it is reasonable to assume that WCHG has considered the new regulations and their requirements.
12.1-12.3	Portable fire fighting equipment has been provided within plant rooms, lift motor rooms, in the corridor serving the community room, and staff-occupied rooms, and the provision is considered suitable for the risks present. However, see the recommendation for the community room currently used as an office.
12.2	<p>The discharge of a powder extinguisher within buildings can cause a sudden reduction of visibility and can also impair breathing, which could temporarily jeopardize escape, rescue or other emergency action. There are other factors that need to be considered before specifying Dry Powder extinguishers for use indoors. The powder is extremely fine and will get into every small nook and cranny, making cleaning up difficult. The powder must be cleaned up as:</p> <ul style="list-style-type: none"> • It can trigger asthma attacks in some people if inhaled when disturbed. • It is slightly alkaline and tends to absorb moisture; if left in situ it can adversely affect almost every material it is in contact with, including metals, stonework, and fabrics. • If it gets inside machinery with moving parts, not only can it corrode metal but it may cause physical damage to bearing surfaces. • Electrical equipment, particularly relays and other mechanical contacts, will be adversely affected. • If used in a kitchen environment, food will be contaminated and will have to be thrown away.
12.4-12.5	It is understood that firefighting equipment is inspected on a monthly basis. With records stored electronically on WCHG systems that were not observed at the time of the fire risk assessment.
12.6	<p>The dry riser inlet is located on the building's external façade.</p> 
12.6, 12.15-12.16	<p>As part of their standard responses, WCHG maintains Secure Information Boxes (SIB). Although not accessed, it was seen that a SIB has been installed in the entrance foyer. It is reasonable to assume the fire service carries a key to gain access to the box. It must be noted that the responsibility for providing and updating the information with regard to any vulnerable tenants remains with WCHG.</p> <p>Therefore, WCHG should ensure that the information stored in the SIB is correct in line with current guidance, kept up-to-date, and regularly reviewed.</p> <p>The previous FRA noted that WCHG confirmed that the SIB contains the following information:</p> <ul style="list-style-type: none"> • Access keys for all areas. • Personal Emergency Evacuation Reports. • Passenger lift supporting information. • Access codes. • Asbestos refurbishment survey. 

12.8	<p>As part of their standard response, WCHG confirmed that where firefighting and firefighter facilities are provided, they are tested and maintained. The labels observed in the riser cupboards on site noted that the latest service was done on 05/2025 by Complete Fire Systems Ltd in line with BS9990:2015. There appears to be a monthly check undertaken. All the doors to the outlets were secured and labelled. Several Dry Riser cupboards were opened and the outlets were seen to be in good condition.</p> <p>The dry riser inlet is on the building's external façade and outlets are provided at each floor level on the upper floors, adjacent to the lift lobbies.</p>
12.8-12.9	<p>As noted on the previous FRA:</p> <p>A BS9251 sprinkler system has been installed. In each flat, there are concealed sprinkler heads located in the hallway, each bedroom, the lounge, and the kitchen. In addition, there are also sprinkler heads located in some ground floor plant and community areas. There are control valves for each floor in riser cupboards that adjoin the lift lobbies. A pump and water tank for the sprinkler system have been provided in the sprinkler tank room which is within the old caretaker's area. A sprinkler panel and plan are provided by the fire alarm panel in the staircase enclosure at the ground floor level. The previous FRA confirmed that the system is maintained and serviced by an approved contractor on a quarterly basis and contractors also attend weekly to visually check the sprinkler system.</p> 
12.11-12.13	<p>The previous fire risk assessment noted that the original 'Firemen's Switch' function for exclusive use by firefighters in an emergency was not confirmed. This action has been completed. The new lift has had the following alterations;</p> <ul style="list-style-type: none"> • Fire-fighting car and door controls. • Fire-fighting recall switch. • Communication system. <p>The function of the lift is noted on a metal plaque on the ground floor. WCHG have confirmed that the lifts will continue to be tested monthly. WCHG have confirmed that all information required and all keys will be provided to the Fire Service and will continue to be held in the SIB.</p> 
12.14	<p>The previous FRA confirmed the below. No changes have been brought to the attention of our assessor:</p> <p>The common fire detection system is configured for the Fire and Rescue Service to also use as an Emergency Alert System (EAS). From 01/12/2022, a proposal made within The Fire Safety (England) Regulations 2022 will require all high-rise residential buildings (both those already in existence and those built in the future) to be equipped with facilities for use by the Fire and Rescue Services (FRS), enabling them to send an evacuation signal to the whole or a selected part of the building by means of sounders or similar devices. This is also to be incorporated into Approved Document B when it is re-released with its latest amendments. Such systems should be separate from any fire detection and warning system as recommended in BS8629. The common area fire detection system is configured as a silent system under normal operating mode and the fire panel control and indicating equipment (CIE) is provided for use by the FRS for manually alerting individual or multiple floors to evacuate should the need arise during firefighting operations. On activation of a fire/smoke detector or call point within the common area, a signal is sent to the CIE in the entrance foyer and then transmitted to an offsite receiving centre where a call is made to the FRS for a response to the building. The system was configured following consultation with GMFRS.</p> <p>Although it is not in accordance with the recommendations of British Standard 8629:2019, Code of Practice for the Design, Installation, Commissioning, and Maintenance of Evacuation Alert Systems for use by the Fire and Rescue Service in Buildings Containing Flats, due to it not being a separate system, in the opinion of our assessor, it would be unreasonable to bring it in line to fully comply with BS8629-2019, as Evacuation Alert Systems are currently only mandatory for newly built premises from 2022 onwards, with best practice to install in existing buildings.</p>

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?	N/A
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?	N/A
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
	Observation
13.10	At the time of the fire risk assessment, it was observed that there was no 'DO NOT USE LIFT IN EVENT OF A FIRE' signage on any of the floors. (excluding floors 4 and 8). Where this signage is missing, persons may use the lift in the event of a fire and become trapped if there is power failure, placing them at risk of harm.
	Recommended Actions
13.10	It is recommended that 'DO NOT USE LIFT IN EVENT OF A FIRE' signage is displayed outside the lift on each floor.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
13.0	Suitable 'Do Not Use Lift in the Event of Fire' signage is provided within the lift lobbies.
13.1-13.4	Directional signage was observed in the common areas. This building has a single staircase serving the upper floors and residents will be familiar with access and egress from the building.
13.6, 13.8	A suitable 'stay safe' fire action notice was provided in the common area by the main entrance. This captures the 'stay put' essence of the fire strategy whilst incorporating instructions should residents hear the BS8629 Evacuation Alert System sound.
13.10	The majority of ancillary rooms and risers in the premises are fitted with fire door keep shut signage instead of fire door keep locked. This is deemed to be trivial and would be of little difference if the correct signage was installed because all risers and ancillary rooms were locked at the time of the assessment (except for the doors open within the caretaker area).
13.10	Article 14 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person where necessary to ensure the escape routes are provided with adequate signage.
13.10	See 9.5.
13.11	The premises is operating on a Stay Put policy, but if evacuation is necessary, an appropriate assembly point would be designated as outside the main car park.
13.12	Suitable 'No Smoking' signage was observed in the common area.
13.15-13.16	Wayfinding signage that has the floor number and directional signage to the flats, including flat numbers, is displayed in the lift lobbies and on the stairway landings. They appear to be mounted at the recommended height as per ABD and are all visible and in good condition. Supplementary signage is also present, with signage outside the lift areas to show which flats are on each floor and which floors the two lifts access.



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
14.0	All important documents and data regarding the premises are stored off-site.
14.1-14.5	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.
14.6-14.7	As part of their standard response, WCHG has a Fire Safety Policy/procedure in place.
14.7	The Chief Executive for Wythenshawe Community Housing Group has the overall responsibility for fire safety related matters and management.
14.9	Our consultant 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	<p>A building information board showing key building facilities is present by the main entrance. This shows:</p> <ul style="list-style-type: none"> • Number of floors. • Stating the 'lobby access' nature of the building. • Number of lifts. • Number of stairs. • Number of dry risers. • Location of nearest fire hydrant.
14.11	The previous FRA noted that the Fire Service has been provided with access fobs for all WCHG high-rise blocks.

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?	N/A
15.4	Do all new employees receive basic fire procedure and induction training on the date of appointment?	N/A
15.5	Are records of fire safety training kept?	N/A
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?	N/A
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?	N/A
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
15.1-15.2	WCHG employs competent persons to carry out service and maintenance of all preventative and protective services.
15.3-15.5	It is understood that the premises is not staffed, except for occasional maintenance and cleaner visits.
15.6-15.7	As part of their standard responses, WCHG has confirmed that systems and procedures are in place to control any new work, alterations, or repairs to the premises, so that no fire hazards are introduced. This is currently undertaken by the Asset and Investment department which appoints appropriately qualified consultants as required. Also, permit-to-work procedures are in place for contractors.
15.6-15.7	Should the Responsible Person appoint their own contractors for any building works, it is advised that they confirm their competence to undertake the proposed works. To ensure appropriate competencies and quality of work it is advised that the contractor has suitable Third-Party Accreditation. Their impact on the building should be closely monitored with regard to (amongst others), damage to party walls, the introduction of sources of ignition and combustible materials, the blocking of exit routes, or fire doors being wedged open. If hot work is to be undertaken, ensure the contractor has appropriate risk assessments, method statements, and fire extinguishers in place before commencing the work. Carry out an inspection of the work area at least 30 minutes after the works have finished, to check for any hot spots.
15.9	There is no staff normally on site that would take charge of an incident or act as a fire marshal. Fire marshals are not required within blocks of flats or apartments.
15.13-15.14	It is understood that WCHG sends out fire safety leaflets periodically, which detail the evacuation strategy (stay safe) for the building.
15.15	WCHG have confirmed that the senior manager on call will be notified. If something very serious, the business continuity plan would be invoked, which has the personal phone numbers of senior staff

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
16.1-16.2	If necessary, residents can be evacuated floor by floor using the control and evacuation equipment (EACIE), but this is only to be operated by the fire and rescue service.
16.1-16.2	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Residents ought to have a clear understanding of what actions to take should a fire situation change and they need to evacuate the building.</p> <p>It is not implied that those not directly involved who wish to leave the building should be prevented from doing so.</p>

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:

1-58 Hollyhedge Court, 223 Hollyhedge Road, Manchester, Greater Manchester, M22 4QD

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 significantly 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 significant finding identified has been given an appropriate risk rating, which is then prioritised accordingly on the action plan.

Once all the significant 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.
<p>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.</p> <p>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.</p> <p>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:</p>	
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 significant 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
9.1, 9.5, 9.8	The lobby door on the 9th floor was not able to close fully into the frame due to modifications made by the residents.	It is recommended that the modifications be removed so that the doors are able to close fully and into the frame. To prevent this from happening again, WCHG could alter the door/self closer so that the door does not bang when shutting and disturb residents. (If changes are made, WCHG should ensure that the door can still close fully and into the frame unaided).	P2 - previously identified	Moderate			
9.1, 9.5, 9.8	It was observed at the time of the fire risk assessment that the smoke seal on the ground floor lobby door was loose, and there were no smoke seals observed to the top of the doorframe. The 10th-floor bin room door was seen to have damage to the base. The service box above flat 53 could not be secured.	It is recommended that smoke seals be secured to the grooves in the doorframe and smoke/intumescent seals be installed to the top of the door. Damaged doors be repaired, and where doors are not able to be secured, they are adjusted so that they are able to be closed.	P1	Moderate			
9.1, 9.8	It was observed at the time of the fire risk assessment that there was damage to the wall within the staircase on floor three.	It is recommended that the damage be repaired so that the wall is rated to 60 minutes of fire resistance.	P2	Moderate			
9.1, 9.8	As highlighted in the previous fire risk assessment, it was observed that there was evidence of pink foam usage in existing fire stopping in the sprinkler valve cupboard (third floor).	It is recommended that the pink foam used be confirmed to be fire-resistant and to a 60 minute standard. It should be noted that the data sheet for the pink foam should be consulted to ensure that it has been installed as recommended by manufacturers.	P2	Moderate			
9.5	The door to the electrical room opposite the kitchen on the ground floor was found to be open at the time of the fire risk assessment.	It is recommended that the door be kept locked shut. 'Fire door keep locked' signage should be installed to this door instead of the current 'Fire door keep shut'.	P2	Moderate			
9.16-9.17	It was observed at the time of the fire risk assessment that the cover was missing to a vent on the side of the building close to the smoking area.	It is recommended that a vent cover be installed on this vent.	P1	Moderate			
13.10	At the time of the fire risk assessment, it was observed that there was no 'DO NOT USE LIFT IN EVENT OF A FIRE' signage on any of the floors. (excluding floors 4 and 8).	It is recommended that 'DO NOT USE LIFT IN EVENT OF A FIRE' signage is displayed outside the lift on each floor.	P2	Moderate			

19.0 Recommendations

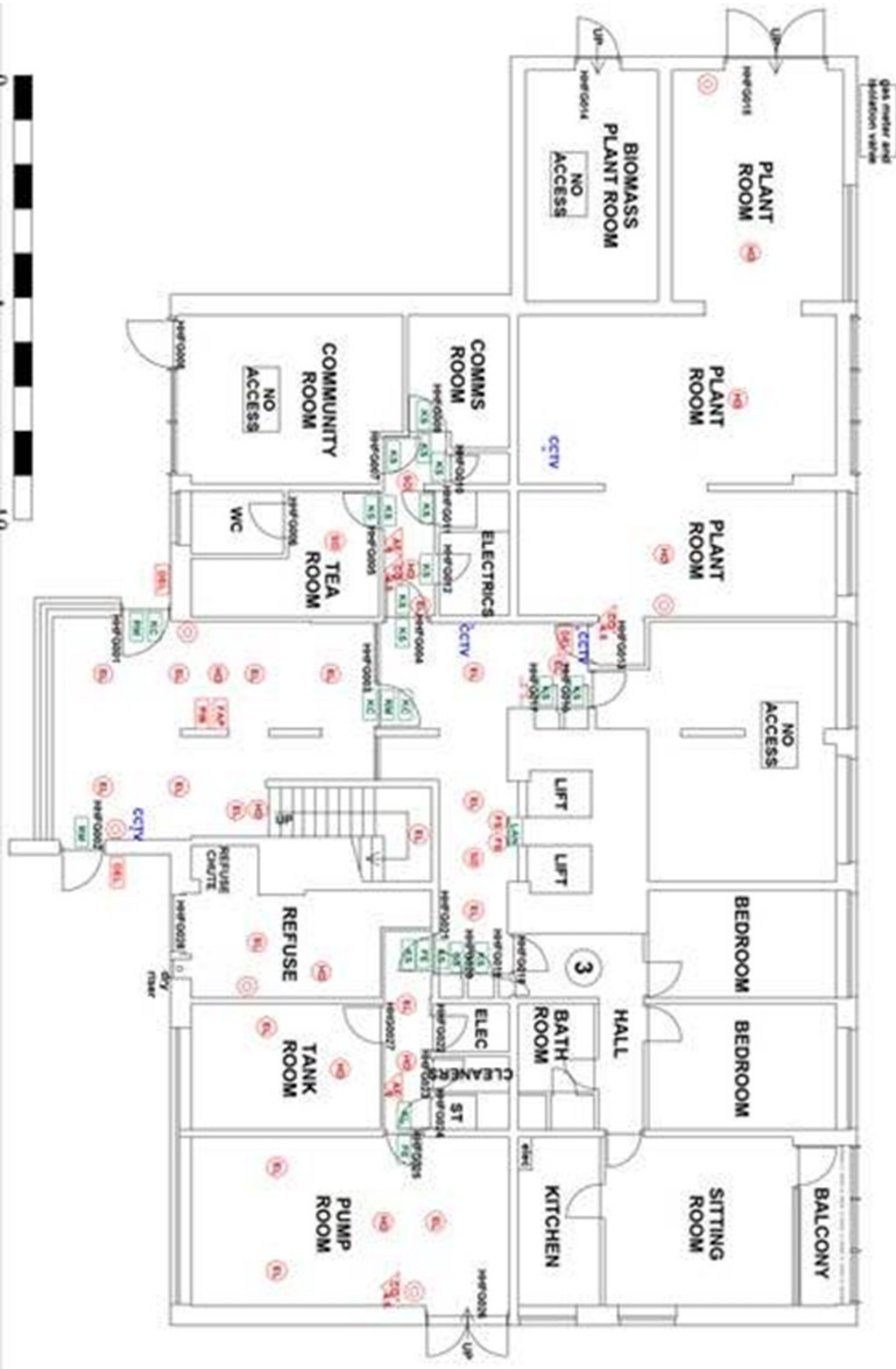
Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
9.18	The electromechanically securing doors from the staircase leading towards flats on a number of floors were not secured and this may enable unauthorised access to the lift lobby/flat entrance areas.	It is recommended that the doors are repaired so that they remain secure, and prevent unauthorised access.	Moderate	
11.7	It was observed at the time of the fire risk assessment that the normal lighting in the caretakers area as seen on the photo below was no working at the time of the fire risk assessment.	It is recommended that the normal lighting in the hallway be repaired.	Moderate	
12.2	It is noted that an out-of-date dry powder extinguisher was present in the ground-floor kitchen.	The powder extinguisher should be replaced with a suitable alternative. For further information, a competent fire extinguisher engineer could be consulted for further advice on the risks covered by dry powder extinguishers.	Moderate	
12.3	Extinguishers within the ground floor caretakers' area were found on the floor and wedging the kitchen door open. This was corrected by the assessor at the time of the fire risk assessment.	It is recommended that the staff be reminded not to move the extinguishers from designated points and to especially not wedge fire doors open.	Moderate	

20.0 Commentaries

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

Appendix

Ground Floor



Typical Upper Floor

