# Homestay FIRE RISK ASSESSMENT

**Address:**

**Name:**

**Date of Risk Assessment:**

**Number of Floors:**

**Number of Bedrooms:**

**If a flat, which floor is it located on?**

**Is there a working smoke alarm in the kitchen? Yes/No**

**Is there a working smoke alarm on every floor? Yes/No**

## Kitchen

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard | Yes/No | People at Risk(e.g. Children/Elderly people in your family/Students/All) | Level of Risk (Low /Medium /High) | Action Taken to Reduce Risk (if needed) |
| Greasy hobs or ovens |  |  |  |  |
| Faulty or damaged appliances |  |  |  |  |
| No fire extinguisher or fire blanket |  |  |  |  |
| Loose flammable items (e.g., tea towels) near cooking equipment |  |  |  |  |
| Exposed wiring |  |  |  |  |
| Overloaded sockets |  |  |  |  |
| Accessible matches/lighters |  |  |  |  |

## LIVING ROOM, DINING ROOM, HOME OFFICE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard | Yes/No | People at Risk | Level of Risk | Action Taken to Reduce Risk (if needed) |
| Overloaded sockets |  |  |  |  |
| Damaged cables or exposed wiring |  |  |  |  |
| Candles or open flames |  |  |  |  |
| Portable heater |  |  |  |  |
| Flammable materials near heat sources (e.g., curtains, papers) |  |  |  |  |
| Clutter obstructing escape routes |  |  |  |  |

## BEDROOMS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard | Yes/No | People at Risk | Level of Risk | Action Taken to Reduce Risk (if needed) |
| Overloaded sockets |  |  |  |  |
| Damaged cables or exposed wiring |  |  |  |  |
| Candles or open flames |  |  |  |  |
| Portable heater |  |  |  |  |
| Flammable materials near heat sources (e.g., curtains, papers) |  |  |  |  |
| Clutter obstructing escape routes |  |  |  |  |

## HallWAY(s), LANDING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard | Yes/No | People at Risk | Level of Risk | Action Taken to Reduce Risk (if needed) |
| Escape routes obstructed |  |  |  |  |
| Flammable materials stored in hallways |  |  |  |  |
| Doors unable to open freely in an emergency |  |  |  |  |

## BATHROOM(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard | Yes/No | People at Risk | Level of Risk | Action Taken to Reduce Risk (if needed) |
| Electrical devices near water sources |  |  |  |  |
| Aerosols stored near heat sources |  |  |  |  |

## GaRDEN, BALCONY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard | Yes/No | People at Risk | Level of Risk | Action Taken to Reduce Risk (if needed) |
| BBQ or fire pit |  |  |  |  |
| Flammable materials (e.g., dry leaves, chemicals) |  |  |  |  |
| Escape route obstructed |  |  |  |  |

If you need any assistance to carry out the Fire Risk Assessment, do not hesitate to contact PLUS for support. Once complete, please upload the Fire Risk Assessment to your PLUS dashboard.