

Complete Your Own Home Fire Risk Check



To be completed with the Fire Safety in the Home leaflet:

SMOKE ALARMS		Yes	No
Is there a working smoke alarm on each floor?		0	5*
If NO, is anyone over 60 , OR are there any children under 5 years old , OR do you live alone ?		2*	0
Does anyone have long term / permanent mobility or sensory problems that may affect their escape?		2*	0
Has there been a fire in your home in the past 12 months?		2	0
ESCAPE PLANS		Yes	No
Do you..... ?	have an escape plan	0	1
	have a night time routine including closing internal doors	0	1
	keep escape routes unobstructed	0	1
KITCHEN AND COOKING		Yes	No
Do you ?	cook using a large quantity of oil	2	0
	cook when tired AND / OR after drinking alcohol	2	0
	keep combustibles close to cooking appliances	2	0
SMOKING		Yes	No
Do you ?	smoke inside the property	2	0
	smoke in bed	2	0
ELECTRICS		Yes	No
Are ?	electrical appliances in good order	0	2
	there any wiring defects or overloaded sockets	2	0
	Washing/drying appliances used when you are sleeping	2	0
	any electric blankets used older than 3 years	2	0
HEATING		Yes	No
Do you ?	use a wood burner or open fire	2	0
	have your chimney swept at least annually (if answered 'Yes' above)	0	2
	use portable electric heaters	2	0
	use lpg portable heaters	2	0
INTERNAL HAZARDS		Yes	No
Do you..... ?	use oxygen cylinders	1	0
	use candles regularly	2	0
	have a lot of combustible material in the house	1	0
EXTERNAL HAZARDS		Yes	No
Do you have ?	gas cylinders or liquid fuel stored	1	0
	bonfires in the garden	2	0
TOTAL SCORE			
SCORE			
Less than 5 =	Thank you, please remember to test your smoke alarms every month.		
5 – 8 =	Please review your fire risks and repeat the questionnaire		
8 or more or anything with 5* =	Please request a FREE Home Fire Risk Check from BFRS as soon as possible by calling 01296 744477 or email cs@bucksfire.gov.uk		