



FIRE RISK ASSESSMENT

In accordance with BS 9792:2025



Hartwell Court

Reference Number:	FRA-202603-75UNHW
Assessment Type:	Type 1 — Common parts only (non-destructive)
Client:	John Taylor
Address:	Hartwell Court, 15 Marden Square, London SE17 3AT
Inspection Date:	25 March 2026
Issue Date:	27 March 2026

OVERALL RISK: MODERATE

Company:	Fire Record Sample
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Hartwell Court · Hartwell Court, 15 Marden Square, London SE17 3AT

1. Executive Summary

A fire risk assessment of Hartwell Court, located at 15 Marden Square, London SE17 3AT, was conducted on 26 March 2026 on behalf of the client, John Taylor, in accordance with BS 9792:2025 and the Regulatory Reform (Fire Safety) Order 2005. The premises consist of a seven-storey purpose-built residential block constructed in 1974 with a concrete frame structure. It comprises 42 flats accommodating 105 occupants, with external walls formed of brick and concrete panels. The building employs a stay-put evacuation strategy for residents in the event of fire.

The overall fire risk level has been assessed as MODERATE. There are 18 remedial actions recommended, of which two require attention within 24 hours, five within one to four weeks, and the remainder within one to three months. Immediate concerns include obstruction of communal corridors and failure of emergency lighting on the sixth floor, which could impede safe evacuation. The responsible person is directed to ensure all remedial actions are implemented promptly within the specified timescales and that ongoing fire safety measures are regularly reviewed and maintained.

Fire safety management at Hartwell Court demonstrates areas of compliance alongside notable deficiencies, particularly regarding resident information dissemination and training for on-site personnel. Records and maintenance regimes appear largely satisfactory, though some fire safety systems require prompt attention. It is recommended that this assessment be reviewed within 12 months or sooner in the event of significant alterations to the building, its use, occupancy changes, or following any fire incident or substantial works.

Risk Summary

MODERATE

Likelihood of Fire: MEDIUM
Consequence of Fire: MODERATE

2. Legal Framework & Scope of Assessment

Legal Framework

This Fire Risk Assessment has been carried out on behalf of the 'Responsible Person' in accordance with Article 9 of the requirements of the Regulatory Reform (Fire Safety) Order 2005 (RRFSO). The purpose of this report is to provide an assessment of the risk to life from fire in these premises and, where appropriate, to identify significant findings to ensure compliance with fire safety legislation.

The Regulatory Reform (Fire Safety) Order 2005 applies to all commercial and non-domestic premises, including any voluntary sector and self-employed people with premises separate from their homes. For domestic premises, this assessment has been undertaken in accordance with RRFSO 2005, The Fire Safety Act 2021, and The Housing Act 2004.

The regulations introduced under Article 24 of the RRO on 23rd January 2023 implement the recommendations made to government following the Grenfell Tower Inquiry. These regulations are enforced under the Fire Safety Act and require responsible persons to provide information to the Fire and Rescue Service to assist in planning and operational response.

Scope of Assessment

This fire risk assessment has been carried out using the assessor's professional expertise, judgement and guidance contained in BS 9792:2025 - Fire Risk Assessment Housing Code of Practice. The assessment covers the common parts of the building only and identifies fire hazards, the people at risk, and evaluates the adequacy of existing fire precautions.

The aim of the fire risk assessment process is not necessarily to bring an existing building up to the standard expected for a new building constructed under current legislation. Rather, the intention is to identify measures which are practicable to implement in order to provide a reasonable level of safety for people in and around the premises.

This report reflects the fire safety standards identified during inspection and does not address the risk fire may pose to property or business continuity. The inspection of the building is non-destructive (Type 1 survey). While every effort is made to inspect fire compartmentation and fire separating elements of buildings, dependent on accessibility, comments reflect reasonable assumption based on visual inspection.

External Wall Assessment

Assessment of the fire risks of external walls and any cladding may be excluded from the scope of this current fire risk assessment as this requires specialist expertise. It is recommended that advice be obtained from qualified and competent specialists on the nature of, and fire risks associated with, the external wall construction, including any cladding.

3. Building Details

Building Identification

Building Name	Hartwell Court
Address	Hartwell Court, 15 Marden Square, London SE17 3AT
Client	John Taylor

Responsible Person

Name	John Taylor
Contact	020 7946 0336

Building Characteristics

Building Type	Residential
Classification	Purpose-Built Flats
Construction Type	Concrete Frame
Year Constructed	1974
External Cladding	Brick exterior walls with concrete panel infill below windows. No combustible cladding and no ACM
Has Balconies	Yes
Evacuation Strategy	Stay Put

Occupancy Details

Storeys Above Ground	7
Number of Dwellings	42
Estimated Occupants	105
Number of Staircases	1

People at Risk

Sleeping Occupants	105
Total Occupants	105

Non-Residents Regularly Present

Types	Visitors / guests, Maintenance / cleaning staff
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Evacuation Assistance

Residents Needing Help	Yes
Evacuation Capability	Requires assistance
Conditions Present	Reduced mobility (walks but struggles with stairs), Wheelchair user, Older person with age-related conditions
PCFRAs / PEEPs in Place	No
Emergency Plan in Info Box	No
Evacuation Provisions	Evacuation lift

Young Persons

Young Persons (under 18)	Yes
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Fire History

Previous Fires	No
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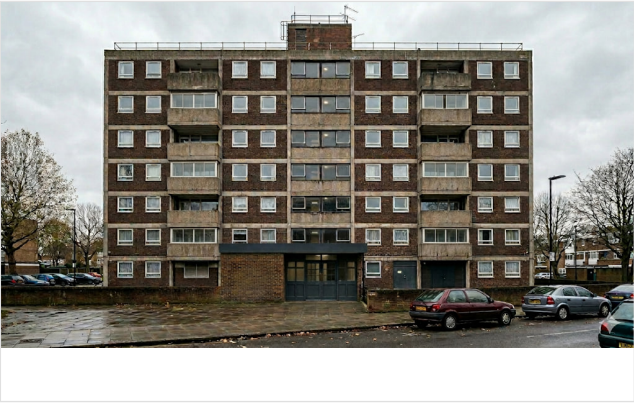
Auto-Flagged Actions

- PCFRAs required for residents with specific evacuation requirements per BS 9792 Clause 21
- Person-centred emergency plan required in secure information box for FRS access

Building Description

Hartwell Court is a 7-storey purpose-built block of 42 flats, constructed in 1974, with an overall building height of 21.5 metres. The building has a concrete frame with concrete floors and brick exterior walls, featuring concrete spandrel panels below windows; there is no combustible cladding or ACM present. Access to the flats, six per floor off a common corridor, is via a single lobbied staircase and two passenger lifts; the evacuation strategy is Stay Put. The ground floor houses an entrance lobby, plant rooms, electrical intake, bin store, and caretaker's office. Most flats benefit from recessed concrete balconies, and a flat roof includes a lift motor room at roof level.

Building Photographs



Main Building Photo

4. Risk Assessment

Risk Matrix

		Consequence		
		Slight	Moderate	Extreme
Likelihood	High	MODERATE	SUBSTANTIAL	INTOLERABLE
	Medium	TOLERABLE	MODERATE	SUBSTANTIAL
	Low	TRIVIAL	TOLERABLE	MODERATE

Evacuation Strategy

Stay Put

5. Risk Level Definitions

Likelihood of Fire

Taking into account the fire prevention measures observed at the time of this risk assessment, the likelihood of fire is categorised as follows:

- Low:** Unusually low likelihood of fire as a result of negligible potential sources of ignition.
- Medium:** Normal fire hazards for this type of occupancy, with fire hazards generally subject to appropriate controls (other than minor shortcomings).
- High:** Lack of adequate controls applied to one or more significant fire hazards, resulting in significant increase in likelihood of fire.

Potential Consequences of Fire

Taking into account the nature of the premises and the occupants, the potential consequences for life safety in the event of fire are categorised as follows:

- Slight Harm:** Outbreaks of fire are unlikely to result in serious injury or death of any occupant (other than an occupant sleeping in a room in which a fire occurs).
- Moderate Harm:** Outbreaks of fire could foreseeably result in injury (including serious injury) of one or more occupants, but it is unlikely to involve multiple fatalities.
- Extreme Harm:** Significant potential for serious injury or death of one or more occupants.

Risk Levels & Required Actions

Trivial	No action is required and no detailed records need be kept.
Tolerable	No major additional fire precautions required. However, there might be a need for reasonably practicable improvements that involve minor or limited cost.
Moderate	It is essential that efforts are made to reduce the risk. Risk reduction measures should be implemented within a defined time period. Where moderate risk is associated with extreme harm consequences, further assessment might be required.
Substantial	Considerable resources might have to be allocated to reduce the risk. If the premises are unoccupied, they should not be occupied until the risk has been reduced. If occupied, urgent action should be taken.
Intolerable	Premises (or relevant area) should not be occupied until the risk is reduced.

Although the purpose of this section is to place the fire risk in context, the above approach to fire risk assessment is subjective and for guidance only. All hazards and deficiencies identified in this report should be addressed by implementing all recommendations contained in the following action plan.

6. Detailed Findings

A1 - Sources of Ignition

Non Compliant

Observation:

The electrical intake room on the ground floor was inspected and found to display a current electrical installation condition report certificate dated March 2025. The distribution boards were examined and found to be in good condition with no evidence of overheating or physical damage. The flat entrance doors on the fifth, sixth, and seventh floors remain the original units from the 1970s and have not been replaced like those on floors one to four. Inspection of sample doors on floors five, six, and seven revealed that the intumescent strips were either missing entirely or were so deteriorated that they would fail to perform their intended function. Additionally, cold smoke seals were absent on all sampled doors. The entrance door to flat 40 on the seventh floor exhibited an excessive gap of approximately 8mm at the threshold. These doors do not provide the necessary fire resistance expected for a stay put evacuation strategy in this building. Fire action notices located on the third, fifth, and seventh floors were found to be severely faded, rendering the text barely legible. These notices contained outdated contact telephone numbers and failed to accurately describe the current stay put evacuation strategy. Additionally, fire door keep shut signage was absent from the meter cupboard doors on all inspected floors.

Remedial Action Required:

- The responsible person must arrange for a qualified contractor to replace the degraded and missing intumescent strips and install appropriate cold smoke seals on all flat entrance doors from floors five to seven; the threshold gap on the flat 40 door must be reduced to an acceptable level to maintain fire resistance integrity.
- The responsible person must replace the faded fire action notices on the third, fifth, and seventh floors with updated versions that clearly display current contact details and correctly outline the stay put strategy, and install fire door keep shut signs on all meter cupboard doors throughout the building.

Section Checklist:

Question	Status
Are fixed electrical installations periodically inspected and tested?	Yes
Is smoking prohibited in the common parts?	Yes

A2 - Sources of Fuel

Non Compliant

Observation:

On the fifth floor corridor outside flat 28, a pushchair and a black bin bag were observed obstructing the communal passage. Additionally, on the sixth floor corridor adjacent to the lift doors, three to four cardboard boxes were stacked against the wall, creating a potential fire load and obstruction in the escape route. The storage of personal items in common areas was noted to be non-compliant with fire safety standards.

Remedial Action Required:

The responsible person must remove the pushchair, bin bag, and cardboard boxes from the communal corridors immediately and implement strict enforcement of the no-storage policy in all common parts.

Section Checklist:

Question	Status
Is refuse and waste stored in suitable designated areas away from the building?	No

Are common parts free from unnecessary accumulations of combustible items?

No

Photographic Evidence:

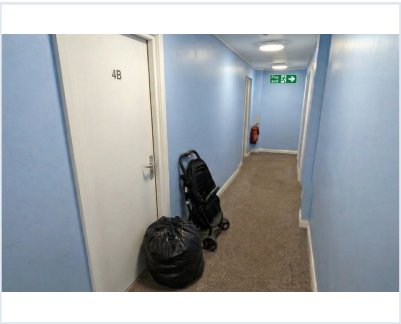


Photo evidence for Sources of Fuel

D1 - Fire Detection and Warning

Non Compliant

Observation:

The fire alarm control panel located in the ground floor entrance lobby was found to be in normal operating condition with no fault indications present. Heat detectors were observed to be installed within the lobbies on each floor. The system maintenance was confirmed to be undertaken by ProTec Fire, with the most recent service certificate dated June 2025 displayed adjacent to the panel. The building contains seven storeys but smoke detectors were tested only on floors 2, 5, and 8, which is inconsistent as the building has only seven floors. Manual call points were present at each staircase landing and had intact glass without any visible damage. However, verification of smoke detector functionality was incomplete due to testing on a non-existent eighth floor. On the ground floor rear corridor leading to the bin store, the smoke detector head is absent, with only the mounting base plate remaining attached to the ceiling. This results in a lack of fire detection in that section, compromising the overall alarm coverage.

Remedial Action Required:

- The responsible person must ensure that smoke detectors on every floor, including floors not yet tested, are functionally verified by a competent fire alarm engineer and records updated accordingly.
- The responsible person must engage a competent fire alarm engineer to install a replacement detector head on the existing base plate in the ground floor rear corridor.

Section Checklist:

Question	Status
Is the fire detection and alarm system suitable for the premises?	No
Are the type and location of detectors appropriate for the building?	No

Photographic Evidence:

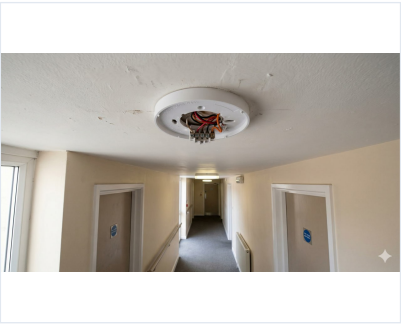


Photo evidence for Fire Detection and Warning

D2 - Firefighting Equipment

Non Compliant

Observation:

The assessor noted the following deficiencies in this area. It was noted that dry riser inlet at front of building, brass inlet clearly visible and accessible. It was noted that landing valves on every floor in staircase checked - all accessible, caps in place. It was noted that test cert from ProTec dated March 2025 seen, satisfactory condition. A CO2 fire extinguisher was located within the electrical intake room on the ground floor and was found to be currently in date, with the most recent service recorded as October 2024. Appropriate signage indicating the extinguisher's presence was installed on the wall directly above the unit. Additionally, a foam fire extinguisher positioned in the ground floor lobby adjacent to the electrical panel was inspected and confirmed to have a current service date and remain in operational condition.

Section Checklist:

Question	Status
Are manual fire extinguishers provided where required?	Yes
Are dry/wet risers provided and maintained where required?	Yes

D3 - Emergency Lighting

Non Compliant

Observation:

The emergency lighting unit located in the floor 6 corridor near the lift lobby failed to activate during the function test, as pressing the test button produced no response. Additionally, the emergency light unit on the floor 3 staircase landing was found to have a cracked diffuser, likely caused by an impact. It requires inspection to confirm functionality and the damaged cover should be replaced promptly.

Remedial Action Required:

The responsible person must engage a qualified electrician to repair the non-functioning emergency light near the lift lobby and replace the cracked diffuser cover on the staircase landing after confirming the unit's operational status.

Section Checklist:

Question	Status
Is emergency escape lighting provided on internal escape routes?	Yes
Is the emergency lighting in good working order?	No

Photographic Evidence:



Photo evidence for Emergency Lighting

E1 - Escape Routes

Non Compliant

Observation:

Emergency escape lighting has been installed throughout the building, including staircases, all corridors, the entrance lobby, and plant rooms. The lighting on floors one to five was recently upgraded to LED bulkhead units, which were confirmed operational during inspection. Although floors six and seven still have older fluorescent units, these were observed to be functioning correctly at the time of assessment. The protected staircase from the ground to the seventh floor was inspected and found to be constructed entirely of concrete. Both sides of the staircase are fitted with securely fixed handrails. Non-slip nosings are present on all treads to enhance safety. The stairway was generally found to be free from any obstructions and is maintained in good condition throughout. The main entrance on the ground floor consists of double glazed doors equipped with push bars, allowing easy egress without the need for a key from the inside. Additionally, the rear exit located at the end of the ground floor corridor beyond the bin store is fitted with a push bar that opens directly onto the service road. Both escape routes provide a direct and unobstructed path to open air. A mobility scooter was located within the ground floor entrance lobby adjacent to the lifts, partially obstructing the designated escape route. The scooter was connected to a wall socket for charging, presenting a fire hazard due to its lithium battery. The device was identified as belonging to a resident from flat 4 and has remained in this location for several months without any intervention.

Remedial Action Required:

The responsible person must ensure the immediate removal of the mobility scooter from the entrance lobby and prohibit charging in escape routes to eliminate obstruction and fire risk.

Section Checklist:

Question	Status
Are escape routes clear of obstructions (personal items, mobility scooters, bicycles)?	No
Are all fire exits easily openable without a key?	Yes

E2 - Fire Doors

Non Compliant

Observation:

The bin store located at the ground floor rear of the building is enclosed by a fire door, which was verified to have a one-hour fire resistance rating. The door is equipped with a self-closing mechanism that was functioning correctly during inspection. The storage area contained bins that were not excessively filled, and the environment was maintained in a clean condition with no accumulation of surplus waste. Adequate ventilation was also observed within the bin store. The fire doors to the staircase on all floors were inspected. Each door was fitted with intumescent strips, smoke seals, and overhead self-closing devices. It was confirmed that all inspected doors closed completely into their frames by gravity alone. The doors were generally found to be well maintained, showing only minor paint scuffs that did not impair their fire performance. The flat entrance doors on the first through fourth floors have been recently replaced within the past two years. Each door is fitted with intumescent strips, cold smoke seals, and Perko right-hand self-closing devices. Inspections of flats 1, 8, 14, and 22 confirmed that all doors are in good condition, operate correctly, and fit securely within their frames. The self-closing device on the staircase door on the fifth floor was found not to fully close the door, stopping approximately 30mm short of the frame. On the sixth floor, the closer had been completely removed from flat 34's entrance door, with the resident stating it was too heavy to operate. The lobby door on the seventh floor had its closer arm detached from the door, rendering it non-functional.

Remedial Action Required:

The responsible person must reinstate the self-closer on the flat 34 entrance door and fit an appropriate device to enable its operation; repair the staircase door closer on the fifth floor to ensure full closure against the frame; and reattach or replace the lobby door closer arm on the seventh floor.

Section Checklist:

Question	Status
Are flat entrance doors fire-resisting to the appropriate standard (FD30S/FD60S)?	No
Are intumescent strips and smoke seals present and in good condition?	Yes
Are there arrangements for periodic inspection of all flat entrance doors?	No

Note: no records of fire door inspections at all, despite quarterly checks being required under the Fire Safety (England) Regulations 2022 for this building.

E3 - Signs and Notices**Non Compliant****Observation:**

No smoking signs were clearly displayed at the main entrance and within all lobby areas on each floor. There was no indication of smoking activity in any of the common areas, as no cigarette butts or ashtrays were present. These measures effectively support the enforcement of the no-smoking policy throughout the communal spaces. Upon inspection of this area, the following deficiencies were identified. It was noted that fire exit signs above final exits at ground floor and above staircase doors on every floor - all present and illuminated. It was noted that direction of travel signs at corridor junctions on each floor pointing toward staircase. It was noted that all legible.

Section Checklist:

Question	Status
Are fire exit signs displayed at final exits and direction changes?	Yes
Are Fire Action Notices displayed in conspicuous positions?	No

E4 - Emergency Evacuation Plan**Non Compliant****Observation:**

A written fire emergency plan was located within the secure information box at the ground floor entrance. The document clearly outlines the stay put evacuation strategy alongside instructions for residents to follow if a fire occurs within their flat. It also details the procedure for summoning the fire and rescue service by calling 999. Additionally, the plan includes guidance on actions to take if smoke is present in common areas. The emergency evacuation plan does not include specific procedures for residents who are unable to self-evacuate. Upon review, no personal emergency evacuation plans (PEEPs) or individualized fire risk assessments are documented for residents requiring assistance. The property manager confirmed awareness of at least three occupants with mobility impairments residing in flats 4, 21, and 38; however, no formal records or tailored evacuation arrangements have been established.

Remedial Action Required:

The responsible person must develop and document individual personal emergency evacuation plans for residents identified with mobility issues in flats 4, 21, and 38, ensuring tailored evacuation procedures are clearly communicated and accessible.

Section Checklist:

Question	Status
Is there a written fire emergency plan for the building?	Yes
Does the evacuation plan cover procedures for residents who cannot self-evacuate?	No

F1 - Internal Fire Spread (Linings)

Non Compliant

Observation:

The wall and ceiling surfaces within the common corridors and staircases were finished with painted plaster applied to concrete substrates. These surfaces were confirmed to have a Class 0 rating for surface spread of flame. No combustible materials such as timber cladding, vinyl wraps, or other flammable finishes were present in the communal escape routes. The fire performance of common area linings was maintained in a satisfactory condition. The wall and ceiling surfaces in the common areas were found to be generally well maintained throughout the building. A minor cosmetic crack was identified in the ceiling plaster on the sixth floor corridor; however, the surface remains intact and does not compromise fire resistance. The walls and ceilings within the staircase were observed to be in good repair and free from damage.

Section Checklist:

Question	Status
Are wall and ceiling surface finishes in common parts made of materials that resist fire spread?	Yes
Are wall and ceiling linings in common parts in good condition and free from damage or deterioration?	Yes

F2 - Internal Fire Spread (Structure)

Non Compliant

Observation:

The building's structural frame, including floors, beams, columns, and staircase, was constructed of reinforced concrete and showed no signs of cracking, spalling, or deterioration. Examination confirmed the structure remains intact and appears fully capable of providing the necessary fire resistance. No defects compromising structural fire integrity were identified throughout the inspected areas.

Section Checklist:

Question	Status
Are loadbearing elements of the building (floors, beams, columns) in reasonable condition to resist fire?	Yes
Are floors, beams, and columns free from visible damage that could compromise fire resistance?	Yes

F3 - External Fire Spread

Non Compliant

Observation:

The external walls of the building consist of brick construction with concrete panel infills located beneath the windows. No external wall insulation or cladding systems were identified on the facade, and there is no presence of aluminium composite material cladding. The building was constructed prior to the introduction of combustible cladding materials. The balconies are of the recessed concrete type and are not attached as bolt-on elements. No issues were observed relating to the risk of external fire spread. It was determined that a separate fire risk assessment for external wall materials is not required.

Section Checklist:

Question	Status
Has the external wall construction been identified and recorded?	Yes

Has a Fire Risk Appraisal of External Walls (FRAEW) been carried out where required?

No

F4 - Compartmentation

Non Compliant

Observation:

The concrete floor construction separating each level was confirmed to provide effective compartmentation. Examination of accessible areas revealed no visible penetrations or breaches through the floor slabs. The compartmentation between individual dwellings was observed to be satisfactory based on inspection from the common areas. The electrical riser cupboard on the fourth floor was examined and found to contain multiple cable penetrations through the compartment wall into the corridor that were not sealed with fire stopping materials. Unsealed openings with visible cable routes were also identified on the seventh floor where new cables had been installed. Additionally, pipe penetrations in the corridor ceiling on the second floor were observed to be unsealed, compromising the integrity of the building's compartmentation.

Remedial Action Required:

The responsible person must ensure a competent contractor installs appropriate fire stopping around all cable and pipe penetrations in the fourth and seventh-floor electrical riser cupboards and the second-floor corridor ceiling to restore compartmentation integrity.

Section Checklist:

Question	Status
Is compartmentation between dwellings and common parts of a reasonable standard?	No
Is there adequate fire stopping around service penetrations?	No

G1 - Fire Safety Management

Non Compliant

Observation:

The responsible person was unable to verify the distribution of fire safety information to the residents. No documentation or evidence was available to demonstrate that fire safety leaflets, letters, or communications have been issued within the past 12 months. This building, being over seven storeys, should have annual fire safety information provided to occupants, which has not been evident.

Remedial Action Required:

The responsible person must issue updated fire safety information to all residents without delay and establish a record-keeping system to confirm annual communication is completed going forward.

Section Checklist:

Question	Status
Is there a suitable record of fire safety arrangements?	Yes
Has fire safety information been provided to all residents within the last 12 months?	No

G2 - Maintenance and Testing

Non Compliant

Observation:

Weekly fire alarm flick test records were reviewed in the fire log book and found to be current up to three weeks prior to inspection. A six-monthly service of the fire alarm system was confirmed to have been conducted by ProTec. However, no documentation was available for monthly emergency lighting function tests, indicating they have not been performed as required. Additionally, the last annual emergency lighting discharge test certificate dates back to November 2023, which is significantly overdue. The fire log book located on the ground floor was found to be inadequately maintained. It contained records of weekly fire alarm tests, but there were no entries for the preceding three weeks. The log book lacked any documentation of emergency lighting tests. Additionally, there were no records of quarterly fire door inspections. Although a dry riser test certificate was available, it was stored separately and not cross-referenced in the fire log.

Remedial Action Required:

- The responsible person must ensure monthly emergency lighting function tests are carried out and recorded promptly, and appoint a qualified technician to complete the outstanding annual emergency lighting discharge test and update the certification accordingly.
- The responsible person must update the fire log book to include all recent weekly alarm tests, commence and document monthly emergency lighting checks, and implement a quarterly fire door inspection regime, ensuring all testing certificates are referenced in the log.

Section Checklist:

Question	Status
Is weekly testing and periodic servicing of fire detection/alarm systems undertaken?	No
Are monthly and annual testing routines in place for emergency lighting?	No

G3 - Training

Non Compliant

Observation:

The caretaker present on site from Monday to Friday confirmed having undergone fire safety training several years ago, but no recent training had been provided. There were no records available to verify any fire safety training having been completed by the caretaker or the cleaning contractor, who attends twice weekly. It was also established that neither the caretaker nor cleaning staff possess adequate knowledge of fire safety procedures beyond basic awareness.

Remedial Action Required:

The responsible person must organise and document comprehensive fire safety training for the caretaker and cleaning contractor, including induction and refresher sessions, to ensure they understand emergency procedures and their fire warden duties.

Section Checklist:

Question	Status
Have staff and managing agents received fire safety training relevant to their role?	No
Do staff know how to implement the building's evacuation strategy in an emergency?	No

G4 - Records

Non Compliant

Observation:

The managing agent retains a comprehensive fire safety file at their office, which contains the current fire risk assessment, maintenance records, and the fire safety policy document. The named fire safety coordinator, John Taylor, who serves as the Property Manager, was present during the assessment and demonstrated a thorough understanding of the building's fire safety arrangements.

Section Checklist:

Question	Status
Are there appropriate records of fire alarm and emergency lighting tests?	No
Are records maintained of maintenance for all fire protection systems?	No

I2 - Evacuation Strategy

Non Compliant

Observation:

The Evacuation Strategy is compromised by a combination of door integrity issues and outdated, unreadable signage. The flat entrance doors serving floors five to seven remain original 1970s units and have not been upgraded as those on floors one to four; inspection of samples on floors five, six and seven shows intumescent strips either missing or degraded beyond function, and cold smoke seals are absent on all sampled doors, with the seventh-floor flat 40 door exhibiting an 8 mm threshold gap, collectively failing to provide the fire resistance expected for a stay put strategy. In addition, fire action notices located on the third, fifth and seventh floors are severely faded and barely legible, containing outdated contact numbers and failing to accurately describe the current stay put strategy, and fire door keep shut signage is absent from the meter cupboard doors on all inspected floors.

Remedial Action Required:

- The responsible person must appoint a qualified contractor to replace degraded or missing intumescent strips and install cold smoke seals on all flat entrance doors on floors five to seven, and ensure the threshold gap on the seventh-floor flat 40 door is reduced to 3 mm or less.
- In addition, the responsible person must replace the faded fire action notices on the third, fifth and seventh floors with updated versions that clearly display current contact details and accurately describe the stay put strategy, and install fire door keep shut signage on all meter cupboard doors throughout the building.

7. Action Plan

Priority Definitions

P1 - Immediate	24-48 hours - Life safety critical. Immediate action required.
P2 - High	1-4 weeks - Significant fire safety deficiency. Urgent action required.
P3 - Medium	1-3 months - Moderate risk. Action required within reasonable timeframe.
P4 - Low	3-6 months - Minor deficiency. Address during normal maintenance.

Remedial Actions (21)

Ref	Issue	Remedial Action	Priority	Timescale
A1.1	The electrical intake room on the ground floor was inspected and found to display a current electrical installation condition report certificate dated March 2025. The distribution boards were examined and found to be in good condition with no evidence of overheating or physical damage.	The responsible person shall maintain an ongoing electrical maintenance program for the ground-floor electrical intake room and distribution boards to ensure the electrical installation remains in safe condition and the EICR remains current. The intake room and surrounding area shall be kept clear of combustible materials and obstructions, and the current EICR certificate shall be retained and readily accessible for inspection.	P3	1–3 months
A2.1	On the fifth floor corridor outside flat 28, a pushchair and a black bin bag were observed obstructing the communal passage. Additionally, on the sixth floor corridor adjacent to the lift doors, three to four cardboard boxes were stacked against the wall, creating a potential fire load and obstruction in the escape route. The storage of personal items in common areas was noted to be non-compliant with fire safety standards.	The responsible person must remove the pushchair, bin bag, and cardboard boxes from the communal corridors immediately and implement strict enforcement of the no-storage policy in all common parts.	P1	24 hours
B1.1	PCFRAs required for residents with specific evacuation requirements per BS 9792 Clause 21	The responsible person should arrange for Person-Centred Fire Risk Assessments to be carried out for all residents identified as requiring assistance to evacuate, in accordance with BS 9792 Clause 21.	P2	1–4 weeks
B1.2	Person-centred emergency plan required in secure information box for FRS access	The responsible person should ensure a person-centred emergency plan is prepared and a copy placed in the Secure Information Box (or made available to the fire service), in accordance with the Fire Safety (England) Regulations 2022.	P2	1–4 weeks

Ref	Issue	Remedial Action	Priority	Timescale
D1.1	The fire detection and warning system comprises a fire alarm control panel located in the ground floor entrance lobby, which is in normal operating condition with no fault indications, and heat detectors installed in the lobbies on each floor; maintenance is undertaken by ProTec Fire, with the most recent service certificate dated June 2025 displayed adjacent to the panel. The building is seven storeys in height, but smoke detectors were tested on floors 2, 5 and 8, which is inconsistent as there is no eighth floor, indicating incomplete verification of detector functionality across all levels; manual call points are located at each staircase landing and remain intact with undamaged glass. On the ground floor rear corridor leading to the bin store, the smoke detector head is absent, leaving only the mounting base plate attached to the ceiling, resulting in a lack of fire detection in that area and compromising overall alarm coverage.	The responsible person must ensure that smoke detectors on every floor, including floors not yet tested, are functionally verified by a competent fire alarm engineer, and records updated accordingly. The responsible person must engage a competent fire alarm engineer to install a replacement detector head on the existing base plate in the ground floor rear corridor.	P1	24 hours
D2.1	The firefighting equipment across the building is maintained to a high standard and remains readily accessible. The dry riser inlet at the front elevation is brass, clearly visible and accessible for use. Landing valves on every floor within the stairwell are checked, accessible, and have caps in place. A ProTec test certificate dated March 2025 has been reviewed and is in satisfactory condition. On the ground floor, a CO2 extinguisher located in the electrical intake room is in date, with the most recent service recorded as October 2024, and signage indicating its presence is installed directly above the unit. Additionally, a foam extinguisher sited in the ground floor lobby adjacent to the electrical panel has a current service date and remains in operational condition.	The responsible person should arrange a full service/recertification for the ground floor CO2 extinguisher in the electrical intake room and update its service label with the current date, and verify that all other extinguishers are within service dates and records are current.	P3	1–3 months

Ref	Issue	Remedial Action	Priority	Timescale
D3.1	The emergency lighting unit located in the floor 6 corridor near the lift lobby failed to activate during the function test, as pressing the test button produced no response. Additionally, the emergency light unit on the floor 3 staircase landing was found to have a cracked diffuser, likely caused by an impact. It requires inspection to confirm functionality and the damaged cover should be replaced promptly.	The responsible person must engage a qualified electrician to repair the non-functioning emergency light near the lift lobby and replace the cracked diffuser cover on the staircase landing after confirming the unit's operational status.	P1	24 hours
E1.1	Emergency escape lighting has been installed throughout the building, including staircases, all corridors, the entrance lobby, and plant rooms; floors 1–5 were recently upgraded to LED bulkhead units and were confirmed operational during inspection, while floors 6–7 retain older fluorescent units that were observed functioning at the time of assessment. The protected staircase from the ground to the seventh floor is constructed entirely of concrete, with securely fixed handrails on both sides and non-slip nosings on all treads; the stairway was generally free from obstructions and is maintained in good condition. The main ground-floor entrance consists of double-glazed doors with push bars enabling egress from inside without a key, and the rear exit at the end of the ground-floor corridor beyond the bin store is fitted with a push bar that opens directly onto the service road; both escape routes provide a direct and unobstructed path to open air. However, a mobility scooter was located within the ground-floor entrance lobby adjacent to the lifts, partially obstructing the designated escape route; the scooter was connected to a wall socket for charging and, belonging to a resident from Flat 4, has remained in this location for several months, presenting a fire hazard.	Immediately remove the mobility scooter from the ground-floor entrance lobby and prohibit charging on escape routes. Relocate the scooter to a designated charging area away from escape routes and confirm the change with the resident of Flat 4 within 24 hours. Remove any current and future obstructions from the ground-floor entrance lobby and escape routes. Institute a weekly visual check by the facilities supervisor to ensure escape routes remain unobstructed, with any issues addressed within 48 hours. Replace the floor 6–7 fluorescent emergency lighting with LED units to match floors 1–5 within eight weeks. Integrate the new lighting into the existing testing regime and maintain a centralized log of operation and maintenance.	P1	24 hours

Ref	Issue	Remedial Action	Priority	Timescale
E2.1	In this seven-storey purpose-built residential block with a concrete frame, the fire doors assessed in this section demonstrate overall robust operation. The ground-floor bin store is enclosed by a fire door rated at one hour, with the self-closing mechanism functioning correctly, and the area remains clean and well ventilated with no excess waste. The staircase doors on all floors are fitted with intumescent strips, smoke seals, and overhead self-closing devices, and they generally close fully into their frames by gravity, with only minor paint scuffs not affecting performance. The flat entrance doors on floors one to four were replaced within the past two years and are equipped with intumescent strips, cold smoke seals, and Perko right-hand self-closing devices; inspections of flats 1, 8, 14 and 22 confirmed these doors are in good condition, operate correctly, and fit securely. However, deficiencies are evident: the fifth-floor staircase door closer does not fully close (approximately 30 mm short of the frame); on the sixth floor the closer has been removed from flat 34's entrance door, with the resident reporting excessive weight to operate; and the lobby door on the seventh floor has a non-functional closer arm, rendering it unable to close properly.	The facilities manager shall reinstate the self-closer on the flat 34 entrance door and fit a compliant self-closing device to ensure full closure. The building maintenance team shall repair the fifth-floor staircase door closer so that the door closes fully into the frame. The facilities manager shall reattach the lobby door closer arm on the seventh floor or replace it with a functional unit.	P1	24 hours

Ref	Issue	Remedial Action	Priority	Timescale
E3.1	The premises present well-displayed no-smoking signage at the main entrance and within lobby areas on each floor, and there is no evidence of smoking activity in common areas, as indicated by the absence of cigarette ends or ashtrays; these measures support the enforcement of the no-smoking policy throughout communal spaces. In addition, the fire safety signage in the area is complete and clearly legible: fire exit signs above final exits on the ground floor and above staircase doors on every floor are present and illuminated, and directional signs at corridor junctions direct occupants toward the staircase, all of which are legible.	The responsible person must install clearly visible Fire Action Notices in conspicuous positions in all communal areas where they are currently absent, specifically at the ground floor lobby and on each floor landing by the staircase, and ensure notices are maintained legible.	P3	1–3 months
E4.1	The emergency fire plan is located in the secure information box at the ground floor entrance and sets out the stay-put evacuation strategy, with residents' instructions for fires within flats, together with the procedure to call 999 and guidance on actions if smoke is present in common areas. However, the plan does not contain procedures for residents who are unable to self-evacuate, and there are no personal emergency evacuation plans (PEEPs) or individualized fire risk assessments for residents requiring assistance; the property manager has advised that at least three occupants with mobility impairments reside in flats 4, 21 and 38, yet there are no formal records or tailored evacuation arrangements in place.	The responsible person must develop and document individual personal emergency evacuation plans (PEEPs) for residents identified with mobility issues in flats 4, 21 and 38, with tailored evacuation procedures clearly communicated and accessible. PEEPs must be incorporated into the emergency plan documentation, stored securely, and reviewed annually, with management and frontline staff trained in their execution.	P1	24 hours

Ref	Issue	Remedial Action	Priority	Timescale
F1.1	Within the common areas of the 7-storey purpose-built residential block, wall and ceiling finishes consist of painted plaster on concrete substrates, with exposed surfaces confirmed to be Class 0 for surface spread of flame. No combustible materials such as timber cladding, vinyl wraps, or other flammable finishes are present in the communal escape routes, and the fire performance of the common area linings is maintained in satisfactory condition. The overall fabric of the common areas is well maintained; a minor cosmetic crack was observed in the ceiling plaster of the sixth-floor corridor, but the surface remains intact and does not compromise fire resistance. The walls and ceilings in the staircases are in good repair and free from damage.	The responsible person to engage a qualified plasterer to repair the sixth-floor corridor ceiling crack by filling and re-plastering the affected area and applying a fresh paint finish to restore a continuous plaster surface.	P3	1–3 months
F2.1	The building's structural frame, including floors, beams, columns, and staircase, was constructed of reinforced concrete and showed no signs of cracking, spalling, or deterioration. Examination confirmed the structure remains intact and appears fully capable of providing the necessary fire resistance. No defects compromising structural fire integrity were identified throughout the inspected areas.	No remedial action is required for internal structural fire spread, as the reinforced concrete frame is intact with no signs of cracking, spalling or deterioration. The responsible person should continue with routine visual inspections of the structural frame during regular site inspections to confirm ongoing integrity.	P3	1–3 months
F3.1	The external walls of the building consist of brick construction with concrete panel infills located beneath the windows. No external wall insulation or cladding systems were identified on the facade, and there is no presence of aluminium composite material cladding. The building was constructed prior to the introduction of combustible cladding materials. The balconies are of the recessed concrete type and are not attached as bolt-on elements. No issues were observed relating to the risk of external fire spread. It was determined that a separate fire risk assessment for external wall materials is not required.	The responsible person shall confirm whether a Fire Risk Appraisal of External Walls (FRAEW) is required for this building and, if so, appoint a competent external assessor to carry it out. If FRAEW is deemed not required, the responsible person must document the justification clearly in the Fire Risk Assessment file.	P3	1–3 months

Ref	Issue	Remedial Action	Priority	Timescale
F4.1	The seven-storey purpose-built residential block, of concrete frame construction, shows effective compartmentation between levels, with the concrete floor constructions examined as intact and no penetrations or breaches observed in the floor slabs, and the compartmentation between dwellings regarded as satisfactory from common-area inspections. Notwithstanding, specific deficiencies compromise the integrity of compartmentation: the fourth-floor electrical riser cupboard contains multiple cable penetrations through the compartment wall into the corridor that were not sealed; on the seventh floor, new cables have created unsealed openings with visible cable routes; and pipe penetrations in the corridor ceiling on the second floor were observed as unsealed, collectively undermining the robustness of the building's compartmentation.	The responsible person must appoint a competent contractor to install fire stopping around all cable penetrations in the fourth-floor electrical riser cupboard and seal the penetrations into the corridor, with written verification of completion. The responsible person must ensure a competent contractor seals all unsealed cable penetrations in the seventh-floor electrical riser cupboard with approved fire stopping materials and provide a completion certificate. The responsible person must arrange sealing of unsealed pipe penetrations in the second-floor corridor ceiling using appropriate fire stopping materials and provide post-work verification. The responsible person must conduct a follow-up intrusive survey to confirm restored compartmentation after works and maintain a detailed record of materials used, locations, and dates of completion.	P1	24 hours
G1.1	The responsible person was unable to verify the distribution of fire safety information to the residents. No documentation or evidence was available to demonstrate that fire safety leaflets, letters, or communications have been issued within the past 12 months. This building, being over seven storeys, should have annual fire safety information provided to occupants, which has not been evident.	The responsible person must issue updated fire safety information to all residents without delay and establish a record-keeping system to confirm annual communication is completed going forward.	P2	1–4 weeks

Ref	Issue	Remedial Action	Priority	Timescale
G2.1	Maintenance and testing records for the property show that weekly fire alarm flick tests were current up to three weeks prior to inspection, and the fire alarm system had a six-monthly service carried out by ProTec; however, there is no documentation confirming monthly emergency lighting function tests, and the last annual emergency lighting discharge test, dated November 2023, is significantly overdue. The ground-floor fire log book is inadequately maintained, recording weekly alarm tests but with no entries for the preceding three weeks, lacking any documentation of emergency lighting tests, and containing no records of quarterly fire door inspections; although a dry riser test certificate is available, it is stored separately and not cross-referenced in the log.	Monthly emergency lighting function tests must be carried out and recorded promptly, and a qualified technician must be appointed to complete the outstanding annual emergency lighting discharge test and update the certification accordingly. The fire log book must be updated to include all recent weekly alarm tests, monthly emergency lighting checks must be commenced and documented, and a quarterly fire door inspection regime implemented, ensuring all testing certificates are referenced in the log.	P1	24 hours
G3.1	The caretaker present on site from Monday to Friday confirmed having undergone fire safety training several years ago, but no recent training had been provided. There were no records available to verify any fire safety training having been completed by the caretaker or the cleaning contractor, who attends twice weekly. It was also established that neither the caretaker nor cleaning staff possess adequate knowledge of fire safety procedures beyond basic awareness.	The responsible person must organise and document comprehensive fire safety training for the caretaker and cleaning contractor, including induction and refresher sessions, to ensure they understand emergency procedures and their fire warden duties.	P2	1–4 weeks
G4.1	The managing agent retains a comprehensive fire safety file at their office, which contains the current fire risk assessment, maintenance records, and the fire safety policy document. The named fire safety coordinator, John Taylor, who serves as the Property Manager, was present during the assessment and demonstrated a thorough understanding of the building's fire safety arrangements.	The responsible person (the Property Manager) must establish and maintain a formal fire safety records log for all fire protection systems, including fire alarm and emergency lighting, with entries for test dates, test type, results, equipment tested, and tester, and retain copies in the fire safety file and an accessible electronic record. The responsible person must appoint a competent contractor (e.g., a qualified fire alarm engineer) to perform the required tests of the fire alarm system and emergency lighting, obtain and file the test certificates in the fire safety file and electronic records, and ensure ongoing testing is scheduled and documented.	P3	1–3 months

Ref	Issue	Remedial Action	Priority	Timescale
I2.1	Flat entrance doors on floors 5 to 7 are the original 1970s doors - not yet replaced unlike floors 1-4. Checked a sample on floors 5, 6 and 7. Intumescent strips either completely missing or so degraded they wouldn't function. Cold smoke seals absent on every door I checked. Door to flat 40 on floor 7 has a gap at the threshold of about 8mm - too much. These doors are not providing the required standard of fire resistance for a stay put building.	The responsible person must arrange for a qualified contractor to replace the degraded and missing intumescent strips and install appropriate cold smoke seals on all flat entrance doors from floors five to seven; the threshold gap on the flat 40 door must be reduced to an acceptable level to maintain fire resistance integrity.	P3	1-3 months
I2.2	Fire action notices on floors 3, 5, and 7 are badly faded - can barely read them. The notices reference old phone numbers and don't properly describe the current stay put strategy. Also noticed fire door keep shut signs are missing from the meter cupboard doors on every floor I checked.	The responsible person must replace the faded fire action notices on the third, fifth, and seventh floors with updated versions that clearly display current contact details and correctly outline the stay put strategy, and install fire door keep shut signs on all meter cupboard doors throughout the building.	P3	1-3 months

8. Declaration

I confirm that I am competent to carry out this fire risk assessment and that I have the necessary skills, knowledge and experience to do so. This assessment has been carried out in accordance with BS 9792:2025 and represents my professional opinion of the fire safety of the premises at the time of the assessment.

Assessor Competence

Assessor Name	David Thompson
Company	Fire Record Sample
Phone	020 7946 0321
Assessment Date	25 March 2026
Report Issue Date	27 March 2026

Third Party Reliance

This report has been prepared for John Taylor ("the Client") as the commissioning party. The following parties may rely on this report for the purposes stated:

- The Responsible Person(s) identified in this report, for compliance with fire safety legislation
- The property owner/freeholder, for property management purposes
- Enforcing authorities (Fire and Rescue Service, local authority), for regulatory purposes
- The Client's insurers, for insurance underwriting purposes
- Managing agents appointed by the Client, for property management purposes

Any other third party wishing to rely on this report must obtain written consent from Fire Record Sample and may be required to enter into a reliance agreement. No liability is accepted to any party who relies on this report without such consent.

In all cases, liability to third parties is limited to direct losses and shall not exceed the fee paid for this assessment.

Software Assistance Statement

This report was produced using Fire Record with AI-Enhanced features enabled. Artificial intelligence technology was used to assist in generating descriptive content, recommendations, and/or risk evaluations based on the assessor's field observations and inputs.

The assessor confirms that:

- All AI-generated content has been reviewed for accuracy and completeness
- The findings and recommendations reflect the assessor's professional judgement
- The assessor accepts full professional responsibility for all content in this report

The software provider does not provide fire safety advice. The AI functionality is a drafting tool only.

Software Provider Disclaimer

Fire Record is a documentation tool and does not conduct fire risk assessments or provide fire safety advice. The software provider's liability is limited as follows:

For software malfunction or defects: Liability is limited to direct losses and capped at 150% of fees paid by the assessor in the 12 months preceding the claim, or £1,000, whichever is greater.

The software provider accepts no liability for:

- The professional judgement, competence, or negligence of the assessor
- Failure by the assessor to verify or review report content
- Losses arising from fire safety deficiencies not identified during the inspection
- Consequential, indirect, or special losses of any kind
- Losses arising from the assessor's failure to maintain appropriate professional indemnity insurance

Nothing in this disclaimer limits liability for death or personal injury caused by negligence, fraud, or any liability that cannot be excluded by law.

The assessor remains solely responsible for the professional content and adequacy of the fire risk assessment.

Assessor Certification

By signing this report, I certify that:

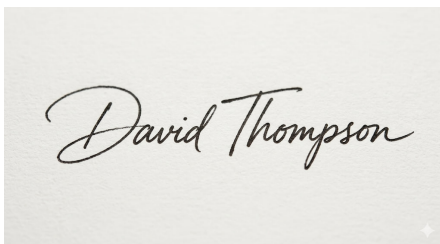
- I am competent to carry out fire risk assessments in accordance with BS 9792:2025
- I conducted this inspection personally
- I have reviewed all content in this report and confirm its accuracy
- I accept full professional responsibility for this assessment
- I hold valid Professional Indemnity insurance covering my fire risk assessment activities

Quality Assurance Statement

This report has been compiled for John Taylor and is subject to the Third Party Reliance terms stated above.

The data contained within this report is intended to provide factual information about the fire safety of the building. Any measurements or quantities described herein should not be relied upon for any contractual purpose.

Signature:

A rectangular box containing a handwritten signature in black ink that reads "David Thompson".

Date:

Liability acknowledged: 27 March 2026

9. Disclaimer & Limitations

The following limitations apply to the conduct of this inspection:

1. REPORT USAGE

This report is for the use of the party to whom it is addressed and should be used within the context of instruction under which it has been prepared.

2. RESPONSIBLE PERSON OBLIGATIONS

The Regulatory Reform (Fire Safety) Order 2005 places a burden of responsibility firmly on the 'Responsible Person' with regard to the fire safety of the occupants of the premises. The responsible person is required to coordinate all fire safety related issues including the carrying out of a fire risk assessment and production of associated documentation. The responsible person may nominate a 'competent person' to assist in the implementation of any measures deemed necessary.

3. SCOPE LIMITATIONS

There are many factors that impact upon what may constitute adequate measures to assess the fire safety of the occupants. The fire risk assessor is not the responsible person and is unable to determine, on behalf of the client organisation, the steps it should or must take to comply with its duties under the Fire Reform Order 2005.

4. INSPECTION LIMITATIONS

No opening up of any part of the structure was carried out nor was any operational electrical or mechanical systems tested. All comments and recommendations are based on visual inspection only. This was a non-destructive Type 1 survey.

5. PROFESSIONAL GUIDANCE

As fire safety professionals, we endeavour to give the best possible advice in guidance with The Fire Safety Act 2021, The Fire Safety (England) Regulations 2022 and, where necessary, The Building Safety Act 2022.

6. EXTERNAL WALLS

Assessment of the fire risks of external walls and any cladding may be excluded from the scope of this current fire risk assessment as this requires specialist expertise. It is recommended that advice be obtained from qualified and competent specialists on the nature of, and fire risks associated with, the external wall construction, including any cladding.

7. REVIEW REQUIREMENTS

This fire risk assessment should be reviewed regularly, and certainly whenever there is reason to suspect that it is no longer valid. Specific triggers for review include:

- Significant changes to the building structure, layout, or fire protection systems
- Changes in the use of the building or any part of it
- Changes in occupancy type or profile of occupants
- Following any fire incident or near-miss at the premises
- Following enforcement action or advice from the Fire and Rescue Service
- Changes to relevant fire safety legislation or guidance
- In any event, at intervals not exceeding 12 months