



**WATFORD
BOROUGH
COUNCIL**

**Watford Borough Council
Housing Act 2004
Application Vary an HMO Licence**

*Use this form to Vary an existing HMO Licence where there is a change of the Property Managers details or there have been alteration to the property use/layout.
There is no charge for a Variation of an existing HMO Licence.*

The procedures required to Vary an HMO Licence can be lengthy but we have tried to make the application as easy to understand as possible. Please complete all necessary sections of this form.

To find out more about our HMO services visit www.watford.gov.uk/HMOservices.

This form must be completed for each property you wish to vary the HMO Licence details on. You are also required to complete an up-to-date Fire Safety Risk Assessment and a Fit and Proper Person Declaration. A sketch plan of the property must be submitted where the property has been altered from the first application previously registered. Please complete the checklist in section F of this form before submitting the application to ensure it is complete.

DATA PROTECTION

Any data that you provide will be stored and processed by Watford Borough Council or its appointed agents in accordance with the law.

Information collected may be shared with other Council departments and/or organisations the Council works with who assist us in the performance of our functions. It may also be shared with outside organisations such as the Police, DWP, and County Council, to prevent and detect crime. It may be shared with insurance companies and bodies responsible for auditing or administering public funds for the prevention and detection of fraud.

Further information on the Council's obligations to safeguard your personal information and your rights on accessing data held about you can be found on the Council's website here:

<https://www.watford.gov.uk/privacynotice> or by telephoning 01923 278000.

Submit your form to:
hmo@watford.gov.uk

HMO Licensing, Housing and Wellbeing, Town Hall, Watford. WD17 3EX

SECTION A - DETAILS OF PERSONS INVOLVED

Guidance notes

PART A

<p>1. Is the applicant? please tick appropriate box</p> <p><input type="checkbox"/> An Individual</p> <p><input type="checkbox"/> Company</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Charity</p> <p><input type="checkbox"/> Public Sector body</p> <p><input type="checkbox"/> Other</p> <p style="text-align: right;">→ Go to Section A, Part B</p>	<p>The applicant is the proposed licence holder. This is the person who will be legally responsible for operation of the HMO under the terms of the licence and the person that should sign this application.</p>
<p>2. The applicant and proposed licence holder</p> <p>Full Name:.....</p> <p>Address:.....</p> <p>.....</p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Email Address:.....</p> <p>Date of Birth:.....</p> <p>NI Number:.....</p>	<p>“Proposed licence holder” – normally the owner. The Council has a duty to award the licence to the person it thinks is the most appropriate person. Unless you can provide a good reason why someone else should be the licence holder the Council will expect it to be the owner, but in any event the Council will expect the licence holder to have the power to:</p> <p>a) let to and evict tenants b) access all parts of the premises to the same extent as the owner c) authorise any expenditure necessary to ensure the health, safety and well being of the tenants</p> <p>Good reason will need to be demonstrated to the Council if this is not the case. See Questions 11 & 12</p>
<p>3. The person managing the property</p> <p><input type="checkbox"/> Please tick if same as above</p> <p>If this is a company, please give details of registered office or principal trading address</p> <p>Full Name:.....</p> <p>Address:.....</p> <p>.....</p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Email Address:.....</p> <p>Date of Birth:.....</p> <p>NI Number or Company Registration Number:.....</p>	<p>“The Manager” – the person (normally owner or lessee) who receives the rent from tenants. The Manager can also be the agent or the trustee that collects the rent/payments on behalf of the owner/lessee. If this is a Company the details given should relate to the Registered Office or principal trading address. Note: a Manager can be held legally responsible for certain offences relating to management of HMOs.</p>
	<p>Guidance notes</p>

4. The person having control of the HMO

Please tick if same as above

“Person having control” – the person who is legally entitled to receive the rental income for the property. This is the person that would normally pay for

If this is a company, please give details of registered office or principal trading address

improvement works and is usually the owner.

Full Name:.....

Address:.....

.....

Postcode:.....

Telephone Number:.....

Email Address:.....

Date of Birth:.....

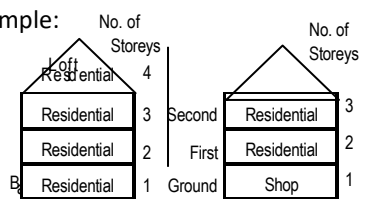
NI Number or Company

Registration Number:.....

Go to Section A, Part C

PART B ONLY COMPLETE IF NOT A PRIVATE INDIVIDUAL APPLYING	Guidance notes
<p>5. The applicant and proposed licence holder</p> <p>Organisation Name:.....</p> <p>Registered Office of Trading Address: </p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Fax Number:.....</p> <p>Email Address:.....</p> <p>NI Number or Company Registration Number:</p> <p>Charity Registration Number:.....</p>	<p>“Proposed licence holder” – normally the owner. The Council has a duty to award the licence to the person it thinks is the most appropriate person. Unless you can provide a good reason why someone else should be the licence holder the Council will expect it to be the owner, but in any event the Council will expect the licence holder to have the power to:</p> <p>a) let to and evict tenants b) access all parts of the premises to the same extent as the owner c) authorise any expenditure necessary to ensure the health, safety and well being of the tenants</p> <p>Good reason will need to be demonstrated to the Council if this is not the case. See Questions 11 & 12</p>
<p>6. Who can we contact in relation to the application?</p> <p>Name:.....</p> <p>Position:.....</p> <p>Address: <input type="checkbox"/> (Please tick if same as above) </p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Email Address:.....</p>	<p>It is important we have a point of contact to discuss any queries.</p>
<p>7. Details of all directors, partners, trustees and company secretary as applicable Please continue on a separate sheet if necessary</p> <p>Name:.....</p> <p>Date of Birth:.....</p> <p>Position Held:.....</p> <p>Name:.....</p> <p>Date of Birth:.....</p> <p>Position Held:.....</p>	<p>All relevant persons must be detailed, please give full names. Persons with a legal liability to the organisation applying may be held jointly/individually responsible for failures to comply with any licence conditions.</p>

	Guidance notes
Name:..... Date of Birth:..... Position Held:.....	
<p>8. The person/organisation managing the HMO</p> <p><input type="checkbox"/> Please tick if same as above</p> <p>Organisation/Persons full Name: </p> <p>Registered Office / Trading Address / Home address: </p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Fax Number:.....</p> <p>Email Address:.....</p> <p>NI Number or Company Registration Number:.....</p> <p>Charity Registration Number:.....</p>	<p>“The Manager” – the person (normally owner or lessee) who receives the rent from tenants. The Manager can also be the agent or the trustee that collects the rent/payments on behalf of the owner/lessee. Note: a Manager can be held legally responsible for certain offences relating to management of HMOs.</p>
<p>9. The person/organisation having control of the HMO</p> <p><input type="checkbox"/> Please tick if same as above</p> <p>Organisation/Persons full Name: </p> <p>Registered Office / Trading Address / Home address: </p> <p>Postcode:.....</p> <p>Telephone Number:.....</p> <p>Fax Number:.....</p> <p>Email Address:.....</p> <p>NI Number or Company Registration Number:.....</p> <p>Charity Registration Number:.....</p>	<p>“Person having control” – the person who is legally entitled to receive the rental income for the property. This is the person that would normally pay for improvement works and is usually the owner.</p>

SECTION B – ABOUT THE PROPERTY PART A	Guidance notes
<p>Please enter the address of the property:</p> <p>.....</p> <p>.....</p> <p>.....Postcode:.....</p> <p>Please tick the appropriate box/boxes for the questions below</p>	
<p>13. The type of property that the application is being made for?</p> <p><input type="checkbox"/> House in Multiple Occupation (HMO) <input type="checkbox"/> Flat in Multiple Occupation (FMO)</p>	<p>A flat is a property either in a residential block, within a converted house, or above commercial premises.</p>
<p>14. Is the property?</p> <p><input type="checkbox"/> Purpose built HMO/FMO</p> <p><input type="checkbox"/> Converted from other use } → date of last conversion _/ _/ _-</p> <p><input type="checkbox"/> Converted from residential (dd/mm/yy)</p>	<p>The majority of properties in Watford have been converted from single family residential properties.</p>
<p>15. When was the property originally built?</p> <p><input type="checkbox"/> Before 1919 <input type="checkbox"/> 1919 – 1945 <input type="checkbox"/> 1946 – 1964</p> <p><input type="checkbox"/> 1965 – 1980 <input type="checkbox"/> After 1980</p>	<p>This is the date of original construction of the building.</p>
<p>16. What type of building is the property?</p> <p><input type="checkbox"/> Detached House <input type="checkbox"/> Semi Detached House</p> <p><input type="checkbox"/> Mid Terrace House <input type="checkbox"/> End Terrace House</p> <p><input type="checkbox"/> Flat in Residential Block <input type="checkbox"/> Flat in Mixed use Block</p> <p><input type="checkbox"/> Other (please provide details).....</p>	<p>A flat above commercial premises is classed as a flat in a mixed use block.</p>
<p>17. What type of accommodation is provided?</p> <p>Please tick all that apply</p> <p><input type="checkbox"/> Rooms containing cooking facilities (shared WC or Bath/Shower)</p> <p><input type="checkbox"/> Bedrooms with shared cooking facilities</p> <p><input type="checkbox"/> Bed and Breakfast</p> <p><input type="checkbox"/> Self-Contained flats</p> <p><input type="checkbox"/> Other (please provide details).....</p>	<p>Indicate ALL types of accommodation provided.</p>
<p>18. How many storeys is the property?</p> <p><input type="checkbox"/> 3 storey <input type="checkbox"/> 4 storey <input type="checkbox"/> 5 storey <input type="checkbox"/> other - please list _____</p> <p>Does this include:</p> <p><input type="checkbox"/> A Basement/Cellar? Is this used as a bed/living room? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Rooms in the roof</p> <p><input type="checkbox"/> Commercial Premises</p>	<p>When calculating the number of storeys, include basements that are in use for residential purposes, commercial premises and rooms in the roof space. For example:</p> 

19. What level do you enter the property at?

Basement Ground Floor First Floor

Do you use an external staircase? Yes No

This is the level at which you are inside the building. For example, if the HMO is above a shop and you use an external staircase to access it at first floor level, the level is the first floor.

PART B ACCOMMODATION DETAILS

Guidance notes

Please provide the numbers of the following:

Number of separate letting units in the property

Of These, The Number Which Are:

Self contained letting units
(flats or bedsits)

Non-self-contained units
(flats or bedsits)

Units with dormitories

The number of persons

Rooms or units let on separate tenancy contracts or to separate households.

Occupants have exclusive use of kitchen, bath/shower and toilet facilities.

Occupants share use of kitchen, bath/shower and/or toilet facilities.

Occupants share use of facilities including sleeping space.

This is the total number of persons that you propose to occupy the property.

Number Of Rooms And Facilities In The Property

Give the number of each of the following in the property:

	Total in property	Use exclusive to one letting unit	Use shared between letting units
Bedrooms			
Bedsits			
Living/Dining rooms			
Kitchen			
Sinks			
Shower/bathrooms			
Toilets in shower bathrooms			
Separate toilets with wash hand basins			

Exclude bedsits.

i.e. combined living/ bedrooms.

Exclude kitchen-dining rooms and bedsits.

**Include kitchen-dining rooms.
Exclude wash hand basins.**

Exclude external toilets.

Separate toilets without wash hand basins			
Wash hand basins			

Exclude external toilets.

Include all wash hand basins.

Do all baths, showers, sinks and wash hand basins supply cold and constant hot water? Yes No

22. Type of heating system

- Gas central heating
- Fixed electric storage heaters
- Portable heaters
- Other - please describe:.....

23. Does the property have any gas appliances?

- Yes - Provide a Gas Safety Certificate that is less than 12 months old
- No

Gas appliances must have a safety check by a suitably qualified and competent Gas Safe Registered engineer.

24. Does the furniture provided as part of the tenancy comply with the Furniture and Furnishings (Fire Safety) Regulations Act 1988 (as amended)

- Yes
- No - Please detail what actions you intend to take to ensure compliance including a timescale

A Licence condition will require you to ensure all furniture provided meets safety regulations.

.....

SECTION C – DETAILS OF OTHER LICENSABLE PROPERTIES

Guidance notes

25. Provide addresses of all other properties that you own or manage that are required to be licensed under part of the Housing Act 2004 and the name of the Local Authority where the property is located.

You should include any properties that are licensed or for which you have/are required to submit an application for.

Continue on a separate sheet if necessary

Property Address:.....

.....

Postcode:.....

Local Authority:.....

Property Address:.....

.....

Postcode:.....

Local Authority:.....

Property Address:.....

.....

Postcode:.....

Local Authority:.....

Property Address:.....

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Postcode:.....

Local Authority:.....

Property Address:.....

.....

Postcode:.....

Local Authority:.....

Property Address:.....

.....

Postcode:.....

Local Authority:.....

SECTION D – INFORMING OTHER PERSONS

Guidance notes

You must let certain persons know in writing that you have made this application or give them a copy of it. The persons who need to know about it are:

- Any mortgagee of the property to be licensed
- Any owner of the property to which the application relates (if that is not you) i.e. the freeholder and any head lessors who are known to you
- Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- The proposed licence holder (if that is not you)
- The proposed managing agent, if any (if that is not you)
- Any person who has agreed that he will be bound by any conditions in a licence if it is granted

.26. List below all of the persons you have notified as required above.

Note: The applicant has to sign a declaration to confirm this in Part F of the application.

You must tell each of the relevant persons-

- Your name, address, telephone number and email address or fax number (if any)
- The name, address, telephone number and email address or fax number (if any) of the proposed licence holder (if that is not you)
- Whether this is an application for an HMO licence under Part 2 or for a house licence under Part 3 of the Housing Act 2004
- The address of the property to which the application relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

A template form including the required information is provided at the back of this form – Appendix 1.

Name	Address	Description of the person's interest in the property or the application	Date of service

SECTION E: DOCUMENTS TO BE SUBMITTED WITH THIS APPLICATION	Guidance notes
<p>27. A FIRE SAFETY RISK ASSESSMENT</p> <p>A licensed HMO is required to have a suitable and sufficient risk assessment. An example is provided with this form with guidance on how to undertake the assessment - see Appendix 4. Further assistance in completing the assessment can be obtained from the Fire Service on 01923 212047</p> <p><input type="checkbox"/> Fire Risk Assessment Submitted (please tick)</p>	<p>The risk assessment you submit will be passed to the Fire and Rescue Service for approval. It will also be used to help us prioritise inspections of properties.</p>
<p>28. FIT AND PROPER PERSON ASSESSMENT</p> <p>An assessment as to the suitability of the proposed licence holder and Manager has to be made. A statutory declaration must be completed and signed by each proposed Licence Holder and Manager. The Statutory Declaration is attached as Appendix 2 to this application.</p> <p><input type="checkbox"/> Fit and Proper Person Assessment Submitted (please tick)</p>	<p>This must be completed by the proposed Licence Holder and proposed Manager, if different from the Licence Holder.</p>
<p>29. PROPERTY PLAN</p> <p>A sketch layout plan of the property must be supplied. It does not need to be to scale but room sizes must be detailed in metres. The plan should indicate the location of:</p> <ul style="list-style-type: none"> • Cooking facilities • Bath/shower rooms • WCs • Wash hand basins • Gas and electricity meters • Smoke and heat detectors • Emergency lighting <p>If you are having difficulty drawing the plans or taking measurements, Environmental Health can assist you. An example is provided as Appendix 3 of this application.</p> <p>Instructions for measurements:</p> <ul style="list-style-type: none"> • Exclude any area of floor with a ceiling height less than 1.52 metres. e.g. due to a sloping ceiling • Include: <ul style="list-style-type: none"> ○ Floor area in the recess of a bay window ○ An area covered by fitted cupboards ○ An area overhung by projecting chimney breasts. • All measurements are taken at floor level and are taken to the back of all projecting skirtings. <p><input type="checkbox"/> Sketch layout plan submitted (please tick)</p>	<p>You do not need to employ an architect or surveyor to complete this. A simple hand drawn plan showing the property layout and location of those things listed is sufficient. The measurements, however, must be accurate. Contact Environmental Health with any questions.</p>

SECTION F – SIGNATURE AND DECLARATION

Guidance notes

Each applicant must sign the declaration below:

I declare that the information contained in this application is correct to the best of my knowledge. I understand that I commit an offence if I supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I know is false or misleading or am reckless as to whether it is false or misleading.

I declare that I have served a notice of this application on the persons detailed in Section D of this application who are the only persons known to me that are required to be informed that I have made this application.

Signature	Name (in BOLD CAPITALS)	Date

Any person making this application, who knowingly or recklessly makes any statement which is false, may be guilty of an offence and liable, on summary conviction, to an unlimited fine. Please also note that the giving of such information may result in the licence being revoked.

Checklist

The following information MUST be enclosed

- Fire Safety Risk Assessment
- Fit and Proper Persons Statutory Declarations
- Layout Plan
- Fee
- Gas safety certificate (if applicable)

The following documents will assist in assessing the property and should be provided if available

- Portable Electrical Appliance Test Certificate (where available)
- Electrical Installation Safety Certificate (where available)
- Emergency Lighting Certificate (where available)
- Automatic Fire Detection System Certificate (where available)

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Use this form to notify interest parties (e.g. your mortgage company or a freeholder) that you are applying for a HMO licence. Send this directly to the interested party.

Housing Act 2004

Notification of a Licensing Application to Watford Borough Council

as required by The Licensing and management of Houses in Multiple Occupation and Other Houses (Miscellaneous Provisions) (England) Regulations 2006

For the attention of _____

At _____

This is formal notification of the intention to apply for a licence as a House/Flat in multiple occupation under Part 2 of the Housing Act 2004 at:

Address of property to be licensed _____

The proposed Licence holder is _____

Of _____

Telephone Number _____

Email address _____

The application is being made on _____(Date)

**To: Watford Borough Council
Environmental Health & Licensing
Town Hall
Watford
WD17 3EX
Tel: 01923 278 503
hmo@watford.gov.uk**

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Statutory Declaration – Fit and Proper Person

I, (insert name) _____

OF (insert address) _____

do solemnly and sincerely declare that I have not:

- a) committed any offence involving: (other than spent convictions)
Fraud and dishonesty (including benefit fraud), Violence, Drugs, or Matters listed in schedule 3 of the Sexual Offences Act 2003,
Or received a caution, informal reprimand or formal warning in respect of the above;
- b) practiced unlawful discrimination on the grounds of sex, colour, race, ethnic or national origins or disability, or in connection with carrying on of any business;
- c) contravened any provision of the law relating to housing or of landlord and tenant law, including any civil proceedings in which judgment was made against me;
- d) contravened any provisions of the law relating to part 3 of the Immigration Act 2014
- e) been refused a HMO licence;
- f) breached the conditions of an HMO licence;
- g) been subject to a HMO control order or management order in England or Wales in the last 5 years; or
- h) failed to comply with a Housing Act notice served by a local authority in respect of a property currently or previously owned by me;

and that

- i) I am solvent and am not currently an undischarged bankrupt

AND I make this declaration knowing that I commit a criminal offence under Section 238 of the Housing Act 2004 if I have knowingly or recklessly supplied information that is false or misleading to the local housing authority in relation to this declaration.

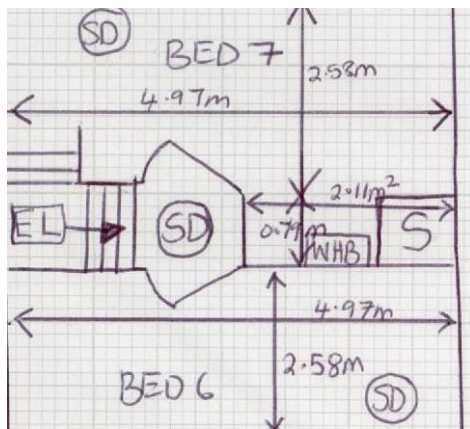
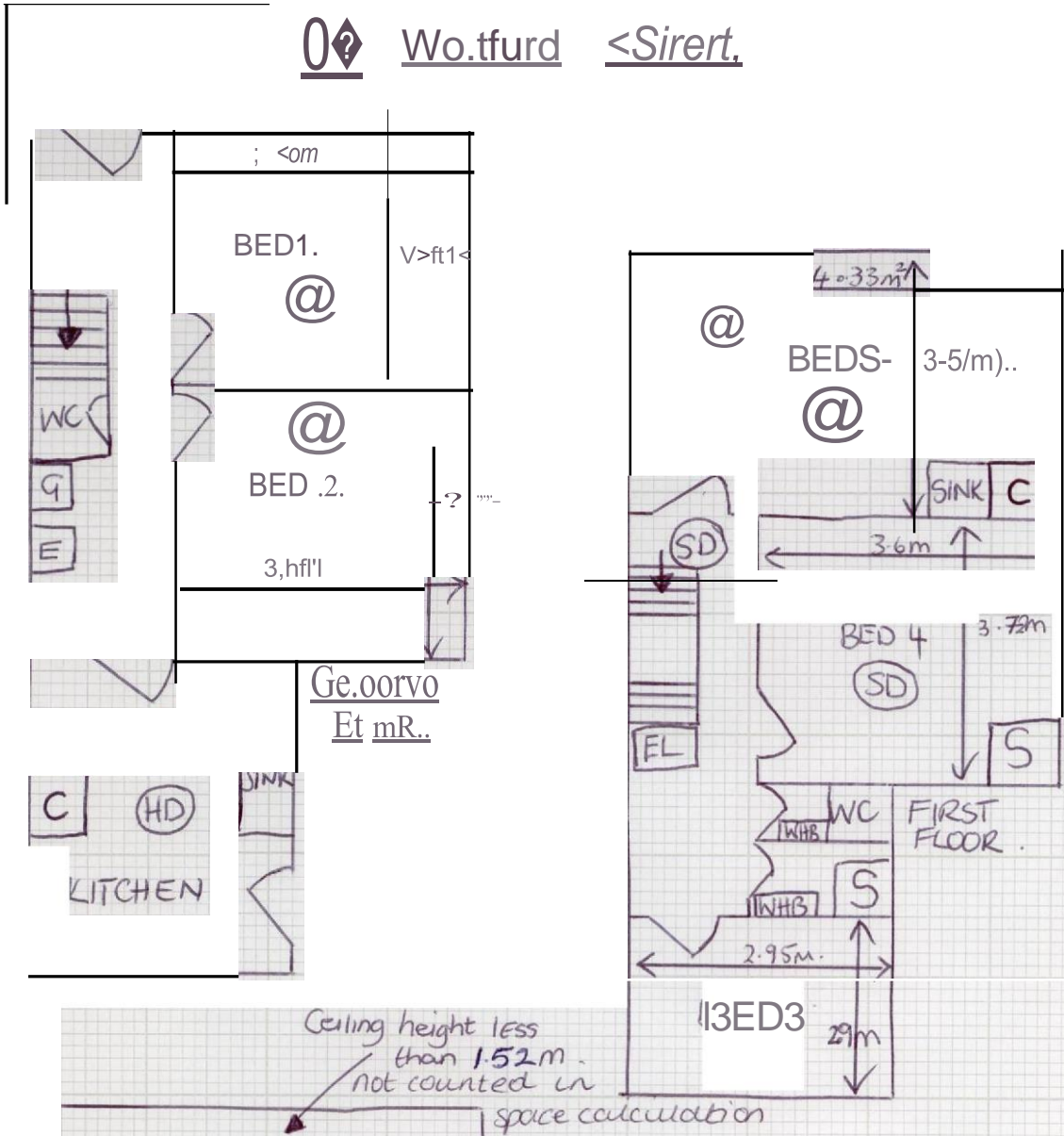
DECLARED by _____

Date _____

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Example Layout Plan

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KEY

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- S :: Sho\Je.f
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Fire Safety in Houses in Multiple Occupation Risk Assessment Guide

Introduction.

This guide is for all managers and owners of HMOs. HMOs are covered by two main pieces of legislation; the Fire Safety Order 2006, and the Housing Act 2004.

This guide addresses:

- Sleeping accommodation for guests/residents;
- Common areas for residents.

This guide is not intended for use in:

- Domestic premises occupied as a single private dwelling.

Managing Fire Safety.

Good management of fire safety is essential to ensure that fires are unlikely to occur; that if they do occur they are likely to be controlled or contained quickly, effectively and safely; or that, if a fire does occur and grow, everyone in your premises is able to escape to safety easily and quickly.

The risk assessment that you must carry out will help you ensure that your fire safety procedures, fire prevention measures, and fire precautions (plans, systems and equipment) are all in place and working properly, and the risk assessment should identify any issues that need attention.

Why should you be concerned with the fire safety within your property? Because;

- Fire kills. In 2003 UK Fire Brigades attended over 71,000 fires in domestic buildings. These fires killed 447 people and injured over 12000.
- Lives can be saved. 68 of those 447 people died in properties where there were alarms, 379 in properties without alarms, or with alarms which were not suitable or maintained.
- The risk of dying in a fire in a HMO has been recorded as between 8 to 10 times greater than dying in a fire in a single family dwelling.
- Fire costs money. The costs of a serious fire can be high and afterwards many businesses do not re-open. In 2003, the costs as a consequence of fire, including property losses, human casualties and business disruption, were estimated at £3.3bn.
- Because as the owner or manager of the property you have a legal duty of care to your residents and guests.
- The Fire Safety Order 2006 requires a Fire Risk Assessment to be undertaken in licensed premises.

What does a Risk Assessment Involve?

A risk assessment should involve the identification of significant hazards present in the property and any that might occur out of use of that property.

The attached is an example of a Risk Assessment for an HMO. There are many others available, and you should use the type with which you feel most comfortable and that you believe is suitable for your property.

It should evaluate the extent of the risks involved, taking into account existing precautions and their effectiveness.

A hazard is something with the potential to cause harm [specifically fire in this instance, and will include processes (e.g. cooking) or materials (e.g. highly flammable liquids)]. A risk is the likelihood of potential harm from that hazard being realised. The extent of the risk will depend on:

- the likelihood of that harm occurring;
- the potential severity of that harm, i.e. of any resultant injury or death; and
- the people who might be affected by the hazard, i.e. the number and type of people who might be exposed to the hazard.

The HSE (Health and Safety Executive) has published a leaflet “Five Steps to Risk Assessment” which, if followed, should allow you to carry out a simple yet effective risk assessment.

In terms of an HMO the steps are;

Step 1 - Look For The Hazards.

If you are doing the assessment yourself, walk around your property and look afresh at what could reasonably be expected to cause harm. Ignore the trivial and concentrate on significant hazards which could result in serious harm or affect several people. Ask your residents or other landlords what they think. They may have noticed things which are not immediately obvious to you.

The vast majority of fires that occur in domestic premises are recorded as kitchen fires. The next two likely places are the main bedroom or the living room. In an HMO the vast majority of rooms will fall within these three categories, and they account for 78% of all “room of origin” in recorded fires.

Step 2 - Decide Who Might Be Harmed, And How.

Assess the ability of your residents to respond should a fire occur. Factors that might affect this include;

- Their age and mobility;
- Their mental and physical health;
- Their ability to communicate with you and other residents.

Step 3 - Evaluate The Risks And Decide Whether Existing Precautions Are Adequate, Or Whether More Should Be Done.

Consider how likely it is that each hazard could cause harm. This will determine whether or not you need to do more to remove or reduce the risk.

- Can I get rid of the hazard altogether?
- If not, how can I control the risks so that harm is unlikely? In controlling risks apply the principles below, if possible in the following order:
 1. Remove or reduce the risk by limiting the spread of fire and smoke.
 2. Ensure that adequate fire precautions are in place to warn people in the event of a fire and allow them to safely escape.
 3. Any precautions that you take must be suitably maintained.

Step 4 - Record Your Findings.

Unless your property is licensable under the Housing Act 2004 you do not have to have a written Risk Assessment, though it is useful to keep a written record of what you have done. But, if your property is licensable, you must record the significant findings of your assessment. This means writing down the significant hazards and conclusions. You must also tell your residents about your findings. Risk assessments must be suitable and sufficient. You need to be able to show that:

- A proper check was made.
- You asked who might be affected.
- You dealt with all the obvious significant hazards, taking into account the number of people who could be involved.
- The precautions are reasonable, and the remaining risk is low.
- Steps taken are in accordance with available guidance.
- Keep the written record for future reference or use.

Step 5 – Review Your Assessment And Revise It If Necessary

Sooner or later you will change residents or upgrade your property which could lead to a change of hazards. If there is any significant change, add to the assessment to take account of the new hazard. Don't amend your assessment for every trivial change. In any case, it is good practice to review your assessment from time to time to make sure that the precautions are still working effectively.

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FIRE RISK ASSESSMENT

Regulatory Reform (Fire Safety) Order 2005

ESTABLISHMENT:	HMO/FMO	Assessor: (print)		Signature	
Address:		Responsible Person:		Date:	
		Building size/ description: (approx area, no of exit staircases/ routes etc.)		Review date:	
What is the main method of fire detection:	People			No. of floors: (does this include basement or roof)	
	Smoke Alarms				
	Automatic				
Occupation:	Number:	Shared Facilities:	Number:	Has the premises been recently modified as a result of:	
The number of letting units:		Kitchen:		a) Building Control recommendations and/or	YES NO N/A
The number of households:		Living/Dining:		b) A schedule issued by Environmental Health: So that the premises is suitable as a HMO/FMO	YES NO N/A
The number of persons:		Plan attached:	YES/NO		
IDENTIFY FIRE HAZARDS					
Sources of Ignition		Sources of Fuel		Sources of Oxygen	
PEOPLE AT RISK					
People At Risk:	Residents		Known special requirements:	Mobility	
	Visitors			Visual	
	Contractors			Hearing	
				Language Issues	

1. MEANS OF ESCAPE AND ESCAPE TIMES

Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
Do escape routes lead in different directions to places of safety? (i.e. a place beyond the building in which a person is no longer in danger)	<ul style="list-style-type: none"> If there is only one means of escape (e.g. one staircase) people should be able to reach a final exit door, protected staircase/refuge, or point with more than one route within one minute. 			
<p>When and how often are fire exit doors checked to ensure that they work properly and are free from obstruction?</p> <p>Who is responsible for this?</p>	<ul style="list-style-type: none"> Fire exits immediately openable without use of a key. Electronic locks release on alarm activation. 			
What arrangements are made to ensure that fire doors close properly and have no damage?	<ul style="list-style-type: none"> Check weekly Ensure all fire doors are identifiable with signage and have self closure fixed and in working order. Check automatic closing doors weekly and during alarm test 			
Are all gangways and escape routes free from obstruction?				
Are the floor surfaces on escape routes free from tripping and slipping hazards?				

2. FIRE DETECTION AND WARNING (Alerting building Occupants)

Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
What method of detecting a fire is in place? Automatic fire detection/alarm? Battery operated smoke detection? Other, please state.				
Is the automatic fire detection system in working order? Who is responsible for this?				
How do residents and visitors know what to do if a fire occurs or the alarm is raised?				
How do you ensure that the fire alarm is tested each week? Where is it recorded? Is each call point checked over time?	<ul style="list-style-type: none"> Weekly call point test cycle so each is tested over time 			
What arrangements are there for having heat and smoke detectors checked? Who is responsible for checking them and how often are they checked?	<ul style="list-style-type: none"> Maintain and service regularly. Ensure installed in 'high risk' areas and unoccupied areas e.g. basements etc 			
What arrangements are there for having the complete alarm system serviced by a competent contractor? Who is responsible for this?				

3. SOURCES OF IGNITION (Check, inspect and control)

Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
Do the premises have open fires?	<ul style="list-style-type: none"> Where are they located? How are they managed? What safety arrangements are there (e.g. guards) 			
Does the premise have <u>fixed</u> heaters and where are they? How are they managed and what safety arrangements are in place?	<ul style="list-style-type: none"> Keep away from combustibles Do not leave on when area unoccupied 			
Do the premises have any <u>portable</u> heaters? Where are they used and how are they managed? What safety arrangements are in place?	<ul style="list-style-type: none"> Turn off when not in use Ensure vents are clear Remove combustibles in area Portable appliance testing carried out annually 			
Smoking Policy	<ul style="list-style-type: none"> Smoking policy in force Specified area outside the building 			
What fire risks are there with cooking and kitchen use? How are these controlled?	<ul style="list-style-type: none"> Gas and electrical equipment maintained Fire blankets provided Portable fire fighting extinguishers 			
What fire risks are there with regard to boilers? How are they managed?	<ul style="list-style-type: none"> Annual service 			

What fire risks are there with regard to the safe storage of cleaning materials? How are they managed?	<ul style="list-style-type: none"> • Keep to a minimum? • All flammables stored in appropriate store 			
Where can a fire start without being noticed straight away?	<ul style="list-style-type: none"> • Are items of ignition stored in this area? 			

4. COMBUSTIBLE MATERIALS (Remove, reduce and control)				
Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
How is waste storage, or other outside storage areas controlled for fire hazards?	<ul style="list-style-type: none"> • Waste stored away from building in enclosed area and bins secured 			
Have flammable and combustible materials been identified and minimised where possible?				
Is the furniture upholstery made of fire resistant material?				
What provisions are made for ensuring the communal areas and escape corridors are kept clear of combustible materials at all times?				

5. STRUCTURAL FEATURES (Control fire spread)

Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
Is the property of sound construction, with suitable fire resistance to the hall and landings?				
Are all doors used for means of escape purposes available for use and can doors be easily and immediately opened with a single form of fastening?				
Where on the premises are there holes in the ceiling? In partition walls around pipe work and cables? These must be filled to help prevent the spread of fire.	<ul style="list-style-type: none"> Has work taken place which may have made holes in walls or damaged any fire resistant wall/ceiling linings? E.g. new doors, glazed screens. 			

6. ELECTRICAL (maintenance)

Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
What arrangements are there for the regular testing of portable electrical equipment (i.e. equipment with plugs)	<ul style="list-style-type: none"> Annual portable appliance testing by competent person. 			
What arrangement is there for the fixed wire testing? (At least every 5 years)	<ul style="list-style-type: none"> Rolling programme of works Records 			

7. SIGNAGE / LIGHTING

Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
Is there adequate signage in place?	<ul style="list-style-type: none"> Are all fire signs conspicuous (not covered or painted over etc)? 			
What arrangements are there for checking the emergency lighting? (if provided)	<ul style="list-style-type: none"> Check operation of emergency lighting units at least monthly. Ensure record of check made in fire logbook. A competent engineer should test emergency lighting system twice a year. Ensure record of test made in fire logbook. Check operation of emergency lighting units at least monthly. Ensure record of check made in fire logbook. A competent engineer should test emergency lighting system twice a year. Ensure record of test made in fire logbook. 			
Are all fire escape routes adequately lit?	<ul style="list-style-type: none"> All escape routes should be sufficiently lit for people to see their way out safely. Emergency escape lights may be needed if areas are without natural daylight or are used at night. All escape routes should be sufficiently lit for people to see their way out safely. Emergency escape lights may be needed if areas are without natural daylight or are used at night. Check the relevant areas with the lights off to see if there is sufficient light from other sources (e.g. streetlights or unaffected lighting circuits). If lighting is insufficient emergency lighting should be provided. Emergency lighting should function not only in a complete failure of normal lighting, but also on a localised failure that would present a hazard. Emergency lighting should cover escape routes and be sited to cover specific areas. E.g. intersections of corridors, each exit door, flights of stairs, near fire alarm call points, fire exit signs, and changes in floor level, near fire fighting equipment, outside each final exit lift cars. 			

8. FIRE FIGHTING EQUIPMENT (Sufficient & appropriate, check and inspect)

Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
<p>Is there sufficient fire fighting equipment of the correct type?</p> <p>Is there at least one extinguisher placed for each 200 metres of floor space?</p> <p>(Minimum of 2 per floor unless it is an upper floor less than 100m²)</p>	<ul style="list-style-type: none"> • Ensure extinguishers are appropriate at local risk • Ensure extinguishers are fixed near exit doors and at appropriate heights (handle of large extinguisher – approx 1 metre from floor. Handle of small hand held extinguisher – approx 1.5 metres from floor). • Ensure that fire extinguishers are conspicuous (not blocked or obscured). Directional arrows and fire fighting equipment signs must be displayed where equipment is hidden from direct view (e.g. hose reel in cupboard, extinguisher in an alcove). • Ensure there are notices and/or instructions indicating the correct use of extinguishers. 			
<p>How often and by whom is the fire equipment checked?</p>	<ul style="list-style-type: none"> • Are weekly inspections of extinguishers carried out? Record inspections (safety clip, indication of use of devices, external corrosion and dents). • Check extinguishers are inspected annually by a competent engineer. Check for record in fire log book. 			
<p>Are there fire blankets provided in the kitchen(s)?</p>	<ul style="list-style-type: none"> • Light duty blankets – small fires in containers for cooking oils or fats and fires involving clothing. 			

9. PLANNING FOR AN EMERGENCY (coordinating evacuation)

Fire Safety (the issues)	Recommended control measures	Yes / No / NA	Recommended Action and Comments (by whom)	When (incl. review date)
Is there an emergency plan in place?	<ul style="list-style-type: none"> • Ensure there is a plan for raising the alarm, calling the Fire & Rescue Service and assembly point locations. • Ensure fire action notices are in place and up to date. In general fire action notices should be posted next to all fire alarm call points. • Is the plan understood by residents whose first language is not English? 			
Are all your residents reasonably mobile?	<ul style="list-style-type: none"> • Are there suitable procedures in place for the evacuation of disabled persons? 			

ADDITIONAL COMMENTS & OBSERVATIONS: (include any additional issues identified and actions that require implementation)

Signature:

Date:

(Print) _____

Next Review Date:

11. FLOOR PLAN

12. ACTION PLAN following review **Date:** **Reviewed by:**

New hazards and/or risks identified	Recommended control measures	Date	Action and by whom	Date completed & signature

A blank copy of this page should be taken prior to completion for future use. The completed copy should be kept with the risk assessment.