

Risk Assessment Report

Assessment NHS Scot Fire Assessment v1.2
Site Code Z102H **Site Name** GILBERT BAIN HOSPITAL LERWICK
Block No 01 **Block Name** Main Hospital Block
Assessment Area
Issue Date 10/08/2023 **Surveyor** Stephen Lamming
Archived

Audit Date 29/06/2021

Assessment Area Description

Risk assessment of entire hospital main block.

SECTION 00 - General

Question	Answer	C	L	Risk	Comments	Remedial Action
00.01 - Provide a brief description of the whole building. (Number of floors, approximate floor area, construction details and general occupancy type.)	Blockwork construction. Flat roof. 8641m2. 5 floors. NHS Staff, contractors, patients and public	0	0			
00.02 - Provide details of the assessment area. (Describe the assessment area, its location in the building, number of floors, approximate floor area, construction details	As previous question.	0	0			
00.03 - Describe the occupancy of the assessment area? (Include the number of staff, dayshift, backshift and night duty, the number and general dependency of patients and other persons who may be on the premises i.e. Visitors.) Note :- This is formally assessed in section 01.00.	200 staff dayshift and 50 staff nightshift. 150 patients during the day and 50 patients at night. 50 visitors during the day and 10 contractors during the day. This is a maximum number.	0	0			
00.04 - Briefly describe the escape routes from the assessment area, including the receiving areas for patients where horizontal evacuation is adopted, and their final destination and assembly areas for others.	Main entrance at reception. Entrance at Audiology and Patient travel. Fire exits at Occupational Therapy, A&E, X Ray, Outpatients x 2, Theatres x 2, CDU x 2, Basement corridor x 3, Child health, Servery, Pharmacy, Porters and Laboratory department.	0	0			

00.05 - Identify all person(s) with specific fire safety responsibilities in this assessment area, in the accompanying table:	Deputy Nominated Officer (fire) Stephen Lamming Employees Estates No minated Officer (fire) Lawson Bisset	0	0			
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SECTION 01 - Persons at Risk

Question	Answer	C	L	Risk	Comments	Remedial Action
01.01 - People in and around the premises.	Medical staff (including agency or temporary staff) Non medical staff incl. cleaners / security / maintenance staff etc Members of the public - both visitors and patients Others, including contractors	0	0		This is a busy acute hospital with staff, patients , visitors and contractors coming and going.	
01.02 - Also identify and consider other groups of people.	Lone workers (incl cleaners / security / maintenance staff esp. at night) Those with language difficulties Non patients with disability Other people in the immediate vicinity of the premises	3	2	Moderate	There are lone workers including shift Porter, cleaners and small departments like Audiology and NHS 24.	There is a pager system and a signing in system for contractors. It is the responsibility of line managers to ensure the safety of their staff.
01.03 - Special considerations for young persons.		0	0			
01.04 - Other considerations for people at risk .		0	0			
01.05 - Staff : describe the hazard associated with staff e.g. nos. employed on days; nights or lone working.	Insufficient staff for Horizontal evacuation	4	2	High		Staffing levels at night or back shift need to be reviewed. A system of assistance put in place.
01.06 - In-patients : describe hazard associated with in-patients e.g. dependency; numbers.	100% dependant, 100% oxygen dependant, bed ridden/ elderly, mental health patients, disabled or ambulatory disabled. 52 beds	4	3	High		
01.07 - Out-patients : describe the hazard associated with out-patients e.g. nos. resorting; types of dependencies.	5% dependant 95% independent with 92 patients	3	2	Moderate		
01.08 - Others : describe others in the immediate vicinity who may be affected e.g. visitors; contractors etc.	Visitors, contractors, maintenance staff and domestic / support staff.	2	2	Moderate		

SECTION 02 - Ignition sources : smoking

Question	Answer	C	L	Risk	Comments	Remedial Action
02.01 - Is smoking prohibited, or controlled and monitored where it is legally permissible, in accordance with the statutory requirements and local policy?	Yes	0	0			
02.02 - Where smoking is permitted are the environmental provisions in the smoking area suitable and appropriate?	Not Applicable	0	0			

02.03 - Is there any physical evidence to suggest that smoking is inadequately monitored or controlled?	No	0	0			
02.04 - Are there other hazard issues relating to smoking not identified in this section?	No	0	0			

SECTION 03 - Ignition sources - wilful and accidental fire raising :

Question	Answer	C	L	Risk	Comments	Remedial Action
03.01 - Is there a potential for fires started by patients, either accidentally or deliberately? NOTE: Refer to NHS Scotland Firecode; SHTM 86 version 5; Worksheet 03.	Yes	4	2	High	Lack of CCTV or security monitoring on site. No physical barrier to stop unauthorised persons entering the site.	More CCTV, Barriers to be put in place.
03.02 - Is there any evidence or history of previous wilful fire raising, either by patients or others?	No	0	0			
03.03 - Is access to the assessment area controlled or supervised?	Yes	2	2	Moderate	Control of contractors in place and sign in / pass system implemented. However control of visitors is unrestricted and unmonitored.	
03.04 - Is there in place a specific policy component, or separate policy covering the prevention of wilful fire raising? NOTE: Refer to NHS Scotland Firecode SHTM 86 version 5; Worksheet 03.	Yes	0	0		Contained within fire policy.	
03.05 - Is the prevention of wilful fire raising included specifically in the fire safety training of staff?	Yes	0	0			
03.06 - Are any other hazard issues identified relating to the prevention of wilful fire raising not covered in this section?	Yes	2	1	Low	Waste skips nee padlocked	

SECTION 04 - Ignition sources - work activities :

Question	Answer	C	L	Risk	Comments	Remedial Action
04.01 - Is a hot work permit system in place for those activities that are not subject to standard operating procedures e.g. contractors work or repair and maintenance activities involving heat producing equipment?	Yes	0	0			
04.02 - Where a hot work permit system is not applicable are any heat producing work processes suitably controlled?	Yes	0	0		Control of contractors policy	

04.03 - Are safe systems of work in place and regularly monitored and reviewed, including training for staff working in hazardous process areas; appropriate to their work activities, processes, equipment and/or materials used in hazardous process areas?	Yes	0	0		Control book on shared drive	
04.04 - Are there other hazard issues relating to ignition sources not identified in this section?	Yes	2	1	Low	Excessive heat in basement plantroom.	Fit louvres in skylight in room and lag all hot pipework

SECTION 05 - Ignition sources - equipment :

Question	Answer	C	L	Risk	Comments	Remedial Action
05.01 - Is a system of portable electrical appliance testing (PAT) in place that includes personal electrical equipment introduced by patients, staff or others, the labelling of tested equipment, recording of tests and a system for dealing with faults and failures?	Yes	0	0			
05.02 - Is there any evidence to suggest that electrical equipment including plugs, extension, wall sockets etc. are improperly or mis-used?	Yes	4	3	High	Excessive amount of cables under the Main reception desk. Distribution board needs to be boxed in at Labs canteen, CT scan room, unit office corridor. Excessive use of extension cables in doctors room 04/099	
05.03 - Is there any evidence to suggest that electrical equipment is not routinely operated, maintained and tested in accordance with the manufacturers instructions?	Yes	4	3	High	Portable air con unit in Labs department.	Remove unit with immediate effect
05.04 - Are there other hazard issues relating to equipment ignition sources not identified in this section?	Yes	3	1	Low	Ward 3 plantroom. DB board at top of stairwell is exposed	Box in and lock BD board door.

SECTION 06 - Ignition sources - lightning :

Question	Answer	C	L	Risk	Comments	Remedial Action
06.01 - Where installed, is the system of lightning protection checked annually and appropriately maintained in accordance with BS EN 62305, by a suitably qualified person and records kept?	Yes	0	0			
06.02 - Are there other hazard issues relating to the system of lightning protection not identified in this section?	No	0	0			

SECTION 07 - Combustible materials - surface finishes

Question	Answer	C	L	Risk	Comments	Remedial Action
07.01 - Do the surface finishes in the assessment area conform with the specific requirements for such linings; in particular wall linings within stairways and routes used for escape purposes?	Yes	0	0			
07.02 - Are there any temporary surfaces e.g. notice boards, posters, fabrics, decorations etc, that cumulatively exceed 5% of the total wall surface in the assessment area?	Yes	4	2	High	Excessive Notice / pin boards with leaflets in Lab corridor, A&E, X ray, Unit offices room 03/093 behind server	Remove pin boards
07.03 - Is there any evidence to suggest that the floor coverings in the assessment area may present a significant potential for fire spread? e.g. Old polished timber floors with a possible accumulation of wax polish.	No	0	0			
07.04 - Are there other hazard issues relating to finishes and surface spread of flame not identified in this section?	No	0	0			

SECTION 08 - Combustible materials - textiles and furnishings :

Question	Answer	C	L	Risk	Comments	Remedial Action
08.01 - Do at least 75% of all textiles and furnishings in the assessment area meet the required standard of non-flammability?	No	3	2	Moderate	A&E relatives room furniture non compliant.	Remove / replace furniture
08.02 - Are cover fabrics for soft furnishings and seating in good condition with no exposure of filling material?	Yes	0	0			
08.03 - Do floor mats, soft play equipment or similar items in any soft play environment or physiotherapy gym, conform to the storage, material specifications and use criteria of the NHS Scotland Firecode SHTM 87 version 3; 5.34 totally soft play environments?	Not Applicable	0	0			
08.04 - Where nightwear or other garments are provided by the hospital or other service provider, do they conform to the Nightwear (safety) Regulations 1985 and the Nightwear (safety) amendment regulations 1987.	Yes	0	0		All nightwear on national contract.	
08.05 - Are there other hazard issues relating to furnishings and fabrics not identified in this section?	No	0	0			

SECTION 09 - Combustible materials - other materials :						
Question	Answer	C	L	Risk	Comments	Remedial Action
09.01 - Is there any evidence of combustible waste accumulations, inappropriate waste containers being used or waste materials stored for uplift in inappropriate places? NOTE: All combustible materials should be stored tidily in designated storage areas; all storerooms to be kept in a tidy state, free from accumulated waste.	Yes	3	3	High	Main fire panel at reception has wheelchair stored blocking access. AVSU and switch room at A&E blocked and cannot get access due to equipment storage. Build up of materials and equipment in A&E stairwell. Servery DB board blocked and cannot get access. CDU fire exit stairwell has combustible materials stored. BT room in basement has a build up of cardboard boxes. Ward 3 switchroom blocked and cannot get access.	Clear away all combustable materials and equipment.
09.02 - Are alcohol based hand disinfectant dispensers located appropriately e.g. not in proximity to ignition sources such a electrical switches or equipment or over carpeted areas?	Yes	0	0			
09.03 - Are there other hazard issues relating to combustible materials not identified in this section?	No	0	0			

SECTION 10 - Combustible materials - Dangerous substances / explosive atmospheres :						
Question	Answer	C	L	Risk	Comments	Remedial Action
10.01 - Is the quantity of flammable or otherwise hazardous materials, such as alcohol based hand gel, alcohol based wipes or aerosol containers, stored and used consistent with the working needs of the department or ward?	No	4	2	High	Renal store room has excess amount of flammable stores	Reduce amount of stock
10.02 - Where such materials are present, are the storage and use arrangements (safe working practices) suitable and appropriate, and properly recorded?	Yes	0	0			
10.03 - Are there other hazard issues relating to highly flammable or explosive materials not identified in this section?	No	0	0			

SECTION 11 - Prevention - management :						
Question	Answer	C	L	Risk	Comments	Remedial Action
11.01 - Is a fire safety policy and review procedure in place consistent with the mandatory and statutory requirements?	Yes	0	0		Policy sits with Fire safety group	

11.02 - Are comprehensive fire safety procedures in place, and a copy of the fire emergency plan (procedural arrangements) readily available, including arrangements for the evacuation of patients, evacuation assembly points, and/or patient receiving areas ?	Yes	0	0		Each department has a local fire plan which is annually updated.	
11.03 - Do persons with a sensory or other impairment that may affect their response to an alarm of fire have in place a personal emergency evacuation plan (PEEP) or other formal evacuation arrangement?	No	0	0			
11.04 - Is a copy of the fire risk assessment accessible to all staff and kept in the assessment area it covers?	No	2	2	Moderate	Risk assessment not available in departments	A copy is to be supplied to each department on completion of this RA
11.05 - Are appropriate fire (alarm) response arrangements in place i.e. a fire response team, or other arrangements in small premises ?	Yes	0	0			
11.06 - Are there any indications that staffing levels and staff knowledge of the evacuation procedures, are not sufficient to enable the safe and proper implementation of the emergency evacuation plan?	No	0	0			
11.07 - Is there in place a system to control external contractor activities?	Yes	0	0			
11.08 - Are there other hazard issues relating to the management arrangements not identified in this section?	No	0	0			

SECTION 12 - Prevention - training

Question	Answer	C	L	Risk	Comments	Remedial Action
12.01 - Is fire safety instruction and training provided for staff consistent with their duties and responsibilities, and at a frequency based on an analysis of their actual fire safety training needs, including task and/or role specific fire safety training provided for those who have particular duties and responsibilities e.g. Nominated Officers (Fire), fire wardens, duty managers, fire team members etc?	Yes	0	0		Carried out and monitored on TURAS	
12.02 - Is fire safety induction training, as appropriate, provided for all members of staff at the commencement of their employment, and for those undertaking new duties or responsibilities?	Yes	0	0		Induction course	

12.03 - Are appropriate arrangements in place to ensure that all non-NHS Scotland persons at work in the premises receive fire safety training appropriate to their tasks, duties and responsibilities?	No	2	2	Moderate	No fire talk or information is given to contractors attending site	Include fire procedures in sign in process.
12.04 - Are fire drills conducted regularly and routinely?	No	0	0		No drills currently carried out	"Walk and talk" drills to be carried out
12.05 - Are comprehensive records covering all staff kept in the assessment area, of all fire safety training and drills; to including the date, time, place, length of the session, subject covered, trainer name and the names of those attending; and kept for a period of not less that 3 years?	Yes	0	0			
12.06 - Are there other hazard issues relating to the provision of fire safety training and the conduct of fire drills not identified in this section?	Yes	2	2	Moderate	Lack of uptake on training . This is monitored through the fire group & committee investigated. Datix records incidents and outcomes investigated by fire committee	Fire training uptake needs to be increased across the board

SECTION 13 - Prevention - fire notices and signs

Question	Answer	C	L	Risk	Comments	Remedial Action
13.01 - Are the fire safety signs provided, including fire action notices for staff and others, indicating exit routes, fire equipment and supporting fire safety signage, consistent in design, clearly legible, illuminated where necessary, based on pictograph principles, in each case sufficient and appropriately sited, and in compliance with the relevant standards?	No	3	3	High	Signage required in X Ray fire exit corridor including directional. CT scan room needs fire exit sign. Servery fire exit needs signage. Kitchen chemical store needs fire door sign. Main Kitchen locker room needs fire door sign. Fire door sticker needed on Porters door. Basement corridor needs directional signage. Ward 3 link corridor needs directional signage. Directional signage needed in Ward 3 plant / tank room. Maternity lift does not have "Do not use for fire evacuation" sign. No directional signage for Maternity corridor for people coming out of the rooms.	Fit signage where required
13.02 - Where necessary is appropriate fire safety information properly provided e.g. the use of equipment such as extinguishers and hose reels, location of assembly areas, break glass call points, fire door information etc. and is the information customised to include local or building specific information? e.g. 'The assembly point is located...', 'Use 2222 to advise switchboard of fire location', 'advise switchboard of fire location'	No	2	2	Moderate	No fire instructions at exits. No muster point signs.	Fit signage where required

13.03 - Where necessary are appropriate multi lingual fire safety signs and notices provided?	Not Applicable	0	0			
13.04 - Are there other hazard issues relating to the provision of fire safety signs and notices not identified in this section?	No	0	0			

SECTION 14 - Communications - alarm and detection systems

Question	Answer	C	L	Risk	Comments	Remedial Action
14.01 - Is a system of fire alarm and detection system provided consistent with the relevant standards for the building as a whole? 1. Category L1 for hospitals with in patient facilities. 2. Category L2 for health centres and similar patient care premises.	No	4	3	High	No detection in Laboratory department, Physio treatment rooms and offices, main reception. Smoke detector required at top of Admin offices stairwell. No detectors in Theatre switch room, Ronas corridor store cupboards and generator shed.	Fit detectors in all the required areas as detailed.
14.02 - Is the system of fire alarm and detection connected directly with a remote alarm receiving centre (ARC), so that alarms of fire are communicated immediately to the Fire & Rescue service?	Yes	0	0			
14.03 - Is the system routinely and properly function tested on a weekly basis, including any devices linked to the alarm system such as hold open door closers and other electrically interfaced devices, being activated from different fire alarm call points on a rotational basis?	Yes	0	0			
14.04 - Is the system properly maintained and subject to inspections and testing arrangements in accordance with the manufacturers specification and the provisions of BS 5839 and records kept for a period of not less than 3 years?	Yes	0	0			
14.05 - Are measures in place to monitor and reduce the number of unwanted fire signals attributable to the fire alarm and detection system?	Yes	0	0		Call outs monitored at Fire safety group.	
14.06 - Is provision made to ensure that persons, who have a sensory impairment that may affect their response to the fire alarm signal, are assisted e.g. accompanied at all times; and/or are provided with a suitable alarm device to enable them to respond independently e.g. a fire alarm vibrating pager, flashing (strobe) fire alarm signals?	No	3	2	Moderate	No strobe lighting alarms in toilets	Fit emergency strobe light alarms

14.07 - Are there other hazard issues relating to the provision of fire alarms and detection not identified in this section?	No	0	0			
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SECTION 15 - Means of escape : patient care - progressive horizontal evacuation (PHE)

Question	Answer	C	L	Risk	Comments	Remedial Action
15.01 - Are the evacuation arrangements in any in-patient care areas based on progressive horizontal evacuation (PHE)? (See also sections 17 to 20; Means of escape)	Yes	0	0			
15.02 - Are there sufficient exits and routes from the assessment area, consistent with the requirements for PHE?	Yes	0	0			
15.03 - Is the occupant capacity of the PHE receiving area/s, and the exits and escape routes, sufficient to accommodate the combined occupant capacity of both compartments?	Yes	0	0			
15.04 - Are there other hazard issues relating to the provision of PHE not identified in this section?	No	0	0			

SECTION 16 - Means of escape : Non-patient care.

Question	Answer	C	L	Risk	Comments	Remedial Action
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16.01 - Are the evacuation arrangements, including the fire procedure, number of exits, fire protection of stairways, fastenings on doors and other related facilities, adequate and appropriate for persons resorting to the premises?	No	4	3	High	Fire door needs fitted in main lab room. Door closer not working in Labs side room. A&E store needs self closer. X Ray needs self closer on staffroom. ECG needs door closers. Med records filing room needs door closer 02/174. Door closer required on Theatre store , Theatre managers office and CDU decontamination workshop. Door closer required on ex theatre recovery door. Self closer required on Endoscope door 02/141. Door 02/109 does not close fully going into theatre from CDU. Kitchen chemical store needs door closer 01/028. Kitchen locker room needs door closer 01/027. Kitchen fire door 01/026 does not close. Porters door 01/060 needs door closer. Main switch room door needs closer and the Porters plantroom door 01/067 needs a self closer. Ronas door 04/056 needs a self closer and door 04/058 does not close fully in Ronas. Ward 3 the 3/4 doors need to be closed. Maternity day room needs door closer. Maternity corridor fire doors have a gap. Renal DSR room door needs self closer.	Fit closers are required and carry out remedial repairs on gaps in fire doors.
16.02 - Where applicable, are temporary waiting spaces with minimum dimensions of at least 900mm x 1400mm provided within or immediately adjacent to, and directly accessible from, stairway enclosures, that do not obstruct the means of escape of others?	Not Applicable	0	0			
16.03 - Are there other hazard issues relating to the escape arrangements for those other than patients not identified in this section?	No	0	0			

SECTION 17 - Means of escape : supporting provisions

Question	Answer	C	L	Risk	Comments	Remedial Action
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17.01 - Are all exit routes, including circulation spaces, corridors and stairways, kept free from obstruction, flammable materials and other storage?	No	3	2	Moderate	Labs corridor cluttered with machinery and equipment. X ray fire exit corridor also cluttered with equipment. In the medical records corridor there is a printer / copier which restricts the corridor as well as trolleys.	Clear all corridors of obstructions
17.02 - Are all fire doors in the assessment area, including those separating compartments and sub compartments, and those giving access to stairways or hospital streets, in good condition with the intumescent strips and smoke seals in place, and fitted with appropriate self-closing devices that close the door fully from all angles of swing?	No	4	3	High	Doors into X Ray 02/088 wedged open and requires a Dorgard. Door 04/094 wedged open in Unit office corridor. Door 01/085 into Pharmacy wedged open. Ronas doors 04/055 and 04/057 wedged open. In the medical secretaries offices on the ward 3 link corridor doors 04/039, 038, 035 wedged open and switch room door 04/037 unlocked. Ward 3 kitchen door wedged open.	Remove all wedges and make sure doors are kept shut.
17.03 - Are the management and monitoring arrangements for the use and control of exit doors, their fastenings, the security arrangements on exit routes; sufficient to ensure that all exit routes and doors are safe to use at all times and exit doors are available and openable from the inside ?	No	3	3	High	SDEC door 02/011 was locked and this door leads to a fire exit.	Door to be kept unlocked or altered to be unlocked on activation of fire alarm system.
17.04 - Are any exit doors serving an escape route provided with (external or internal) roller shutters, security gates or similar devices?	No	0	0			
17.05 - Where necessary and required, do the doors across exit routes open in the direction of exit travel?	Yes	0	0			
17.06 - Where automatic opening or powered sliding doors are evident in circulation spaces and exit routes does their operation conform to the requirements specified in the appropriate guidance?	Yes	0	0			
17.07 - Are the fastenings provided on final exit doors not in normal use openable in one action without the use of a key, and open outwards in the direction of exit travel?	No	2	2	Moderate	Patient travel final fire exit doors do not open in direction of travel on both sets of doors 01/002	Alter hinges to allow doors to open in direction of travel
17.08 - Are there other hazard issues relating to the escape arrangements, for those other than in-patients, not identified in this section?	No	0	0			

SECTION 18 - Means of escape : travel distance

Question	Answer	C	L	Risk	Comments	Remedial Action
18.01 - Does the travel distance/s for both single direction of travel and where there is a choice of directions, in in-patient care areas, exceed 15 metres and 32 metres respectively?	No	0	0			
18.02 - Does the travel distance/s for both single direction of travel and where there is a choice of directions in non patient areas, conform with the standards appropriate for the area being considered?	Yes	0	0			
18.03 - Are the fire safety provisions in regard to any inner room adequate and appropriate?	Yes	0	0			
18.04 - Are there other hazard issues relating to travel distance not identified in this section?	No	0	0			

SECTION 19 - Means of escape : stairways

Question	Answer	C	L	Risk	Comments	Remedial Action
19.01 - Are there sufficient numbers of protected stairs, of adequate width, leading to a place of safety taking into account the evacuation strategy for the building/assessment area?	Yes	0	0			
19.02 - Are all escape stairs separated from the remainder of the building by non combustible construction of medium or long duration as appropriate, including any doors giving access to the stairway?	No	2	2	Moderate	Ward 1 stairwell not protected at basement level.	Reinstate doors in corridor at Pharmacy entrance.
19.03 - Are any escape stairs serving patient care areas exposed to the effects of weather (external stairs)?	No	0	0			
19.04 - Where a stairway descends to basement level is there physical separation at ground floor level to prevent those escaping from the upper floors continuing to descend below ground floor level?	Not Applicable	0	0			
19.05 - Are all stairways maintained in good condition and free from slip or trip hazards, handrails properly secured, stair nosing's etc in good condition etc?	Yes	0	0			
19.06 - Are there other hazard issues relating to the provision of stairways not identified in this section?	No	0	0			

SECTION 20 - Means of escape : escape lighting

Question	Answer	C	L	Risk	Comments	Remedial Action
20.01 - Is the escape lighting provided, installed, maintained and routinely tested in accordance with the relevant standards and manufacturers instructions?	Yes	0	0			
20.02 - Where an emergency generator provides electrical power supply for the escape lighting and/or standby lighting, is it routinely maintained and tested in accordance with the manufacturers instructions and other relevant guidance, including SHTM 2011: Emergency Electrical Services ?	Yes	0	0			
20.03 - Are there other hazard issues relating to the provision of escape or standby lighting not identified in this section?	No	0	0			

SECTION 21 - Means of escape : escape bed lifts

Question	Answer	C	L	Risk	Comments	Remedial Action
21.01 - Where escape bed lifts are provided are they designed, installed, maintained and tested in accordance with the relevant standards?	Not Applicable	0	0			
21.02 - Is the escape bed lift procedure adequately managed to ensure there are sufficient staff available at all material times and that they have received specific training in the procedures for its use, including periodic exercises?	Not Applicable	0	0			
21.03 - Are there other hazard issues relating to the provision of escape bed lifts not identified in this section?	Not Applicable	0	0			

SECTION 22 - Containment : structural fire protection

Question	Answer	C	L	Risk	Comments	Remedial Action
22.01 - Is there any evidence that indicates a potential for the disproportionate collapse of the structure in fire conditions, or unusually rapid fire spread attributable to the performance of structural elements during a fire event, before a successful evacuation can be concluded?	No	0	0			

22.02 - Is there any evidence that indicates a potential for the disproportionate collapse of the structure in fire conditions, or unusually rapid fire spread attributable to the performance of structural elements during a fire event, that may have a potential to cause harm to fire-fighters or others during fire fighting operations?	No	0	0		Cladding has been surveyed and found to be compliant.	
22.03 - Are there other hazard issues relating to structural fire protection not identified in this section?	No	0	0			

SECTION 23 - Containment : compartmentation

Question	Answer	C	L	Risk	Comments	Remedial Action
23.01 - Is the building adequately sub divided with fire resisting construction into compartments and sub compartments, to inhibit the spread of fire?	No	3	3	High	Fire damper need to be fitted between compartments with AHU ducting.	Retro fit fire dampers on completion of re- zoning project for GBH
23.02 - Do all doors in compartment and sub compartment walls, and doors serving fire hazard rooms and fire hazard departments, protected zones including fire protected corridors, and doors giving access to stairways, have a fire safety performance not less than that of the compartment structure, and in other cases appropriate to their application?	No	2	3	Moderate	Doors at Physio entrance have noticeable gap. Maternity corridor has a gap in the fire doors	Adjust doors to reduce gaps.
23.03 - Are all openings and service penetrations such as pipes, cables and ductwork; through any part of a compartment structure including protected escape routes and stairway enclosures, adequately and appropriately fire protected (fire stopping or enclosure by fire resisting structure)?	No	3	3	High	Service duct in medical records file room exposed and needs a hatch. Switch room at Medical records needs penetration sealing horizontally. CDU switch room has a penetration in the wall at high level. Dumb waiter at Amin office needs sealed off at all levels. Service ducting from the reception plantroom to the basement plantroom needs sealing at both ends and also the switch room in the basement level. It was also noted in the SFRS audit that pipe penetrations are visible throughout the building with no fire resistant collars or have been sealed with excessive amounts of foam.	Seal all penetrations to compliant standards. Training to be given to staff on how to achieve this. Pipe collars to be fitted.
23.04 - Are all shafts such as rising service ducts, adequately fire protected to prevent fire and the products of combustion spreading to the compartments through which they pass?	No	4	3	High	Riser / service cupboards and switch cupboards have excessive amounts of foam to seal compartment penetrations. Theatre switch room needs full compartmentation.	Train and allocate staff to correctly seal all pipe penetrations and re-survey to be carried out.

23.05 - Are there other hazard issues relating to fire containment structure not identified in this section?	No	0	0			
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SECTION 24 - Containment - fire hazard rooms and fire hazard departments :

Question	Answer	C	L	Risk	Comments	Remedial Action
24.01 - Are fire hazard rooms in the assessment area protected by short fire duration construction?	Not Applicable	0	0			
24.02 - Are fire hazard departments located within the assessment area and the doors serving such areas, protected by the appropriate level of fire resistance? See Technical Handbook Annex 2B	Not Applicable	0	0			
24.03 - In relation to the fire risk posed to wards and certain patient areas from fire hazard departments, are fire hazard departments located within the assessment area, suitably controlled by physical separation or fire suppression systems ? See Technical Handbook Annex 2B	Not Applicable	0	0			
24.04 - Are there other hazard issues relating to fire hazard rooms or departments not identified in this section?	Not Applicable	0	0			

SECTION 25 - Containment : Sub-division of floor, wall, ceiling and roof voids.

Question	Answer	C	L	Risk	Comments	Remedial Action
25.01 - Are fire resisting cavity barriers of short duration provided to sub divide any roof, ceiling or raised floor voids so that the distance between barriers does not exceed 20 metres?	Yes	0	0			
25.02 - Are there other hazard issues relating to the provision of cavity barriers not identified in this section?	No	0	0			

SECTION 26 - Containment : External envelope protection

Question	Answer	C	L	Risk	Comments	Remedial Action
26.01 - Is there any evidence to suggest that the materials and construction of walls or roofs may contribute to the spread of fire over their surface, or from one building to another, having regard to the distance of the building from the boundary and adjacent buildings?	No	0	0			

26.02 - Is there any evidence to suggest that where a lower roof meets an external wall, the roof does not provide at least medium fire resisting duration for a distance of at least 3 metres from the wall?	No	0	0			
26.03 - Is there any evidence to suggest that the junction of any compartment walls and external walls do not provide a fire safety performance equal to that of the compartment walls, for a distance of 1 metre from the junction to prevent lateral fire spread?	No	0	0			
26.04 - Are there other hazard issues relating to external envelope protection not identified in this section?	No	0	0			

SECTION 27 - Extinguishment : Manual fire fighting equipment.

Question	Answer	C	L	Risk	Comments	Remedial Action
27.01 - Are sufficient portable fire fighting appliances and equipment provided in the assessment area?	No	2	2	Moderate	No fire extinguisher at servery fire exit.	Fit appropriate fire extinguishers at servery fire exit.
27.02 - Does the equipment provided comply with the standards specified in BS EN3 and BS 7863?	Yes	0	0			
27.03 - Is the equipment appropriately maintained in accordance with the standards specified in BS 5306 Part 3, and records kept for a period of not less than 3 years?	Yes	0	0			
27.04 - Where hose reels are provided for first aid fire fighting are they inspected and function tested annually, and any resulting repairs carried out and recorded?	Not Applicable	0	0			
27.05 - Are there other hazard issues relating to manual fire fighting equipment not identified in this section?	No	0	0			

SECTION 28 - Extinguishment : Access and facilities for the Fire & Rescue service.

Question	Answer	C	L	Risk	Comments	Remedial Action
28.01 - Is car parking and other possible obstructions (such as skips, waste containers and contractors materials) on the site adequately controlled to ensure unobstructed site and building access for Fire & Rescue service vehicles and personnel?	Yes	0	0			

28.02 - Are access points and other relevant site information for the Fire & Rescue service agreed and recorded on mutually accessible plans?	Yes	0	0			
28.03 - Where required, are other facilities for the Fire & Rescue service i.e. water supply; wet or dry rising water mains; fire ventilated stairs; fire fighting lifts and smoke clearance facilities, sufficient, appropriate, properly maintained and records kept of testing and maintenance for a period of not less than 3 years?	Not Applicable	0	0			
28.04 - Where necessary are site fire hydrants appropriately and permanently indicated with fire hydrant indicator plates and tested at least annually, and records kept of the results for a period of not less than 3 years?	Not Applicable	0	0			
28.05 - Are there other hazard issues relating to access and facilities for the Fire & Rescue service not identified in this section?	No	0	0			

SECTION 29 - Extinguishment : Automatic fire suppression systems.

Question	Answer	C	L	Risk	Comments	Remedial Action
29.01 - Where fire suppression systems are installed, are they designed, installed, maintained and routinely tested to the manufacturers specifications and other national standards, and records kept of the results and any remedial repairs for a period of not less than 3 years?	No	4	3	High	Fire suppression system in Data centre, servery and main kitchen currently not maintained.	Contractors to service fire suppression systems and provide certification as evidence.
29.02 - Are there other hazard issues relating to the provision of automatic fire suppression systems not identified in this section?	No	0	0			

SECTION 30 - Fire strategy : fire engineering

Question	Answer	C	L	Risk	Comments	Remedial Action
30.01 - Where a fire engineering solution has been applied, have any material changes taken place which may impact on the effectiveness of the fire engineering solution and if so is there documented evidence to support the effectiveness of the fire safety solution for the assessment area?	Not Applicable	0	0			

30.02 - Are all the installations and components of the fire engineered safety system appropriately tested and maintained in accordance with the manufacturers instructions and other relevant standards to ensure that the system as a whole operates in accordance with the fire strategy for the protected area in the event of a fire, and records kept for a period of not less than 3 years?	Not Applicable	0	0			
30.03 - Are there any other issues regarding fire engineering not covered elsewhere in this section?	Not Applicable	0	0			