

TOTAL FIRE GROUP LTD

Fire Risk Assessment

Conducted at:

Vale House
Summervale Close
Oldham
OL9 6DQ



UPRN: 1302896000000

28 April 2026

Certificate Number	LS	0501771
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Life Safety Fire Risk Assessment
Silver Approved Scheme
CERTIFICATE OF CONFORMITY



This certificate is issued by the Approved Company named in Part 1 of the Schedule in respect of the fire risk assessment provided for the person(s) or organisation named in Part 2 of the Schedule at the premises and / or part of the premises identified in Part 3 of the schedule.

SCHEDULE		
Part 1	NSI Life Safety Fire Risk Assessment Silver Approved Organisation	
	Total Fire Group Ltd	
	BAFE Registration Number	
	NSI 00330	
Part 2	Name of Client	
	First Choice Homes Oldham	
Part 3	Address of premises for which the fire risk assessment was carried out	
	Vale House, Summervale Close, Oldham, OL9 6DQ	
	Part or parts of the premises to which the fire risk assessment applies	
	Communal areas only.	
Part 4	Brief description of the scope and purpose of the fire risk assessment	
	In compliance with Article 9(1) of the RRFSA 2005.	
Part 5	Effective date of the fire risk assessment	28/04/2026
Part 6	Recommended date for review of the fire risk assessment	28/04/2027

We, being currently a NSI Approved organisation in respect of fire risk assessment identified in the above schedule, certify that the fire risk assessment referred to in the above schedule complies with the Specification identified in the above schedule and with all other requirements as currently laid down within BAFE SP205 Scheme in respect of such fire risk assessment.

Signed (for and on behalf of the issuing Approved organisation)	
Job Title	Fire Safety Technical Lead and Lead Fire Risk Assessor/Validator
Date	13/05/2026

Life Safety Fire Risk Assessment Silver is an Approval Scheme of Insight Certification Ltd, Sentinel House, 5 Reform Road, Maidenhead, Berkshire. SL6 8BY

BAFE, Bridges 2, The Fire Service College, London Road, Moreton-in-Marsh, GL56 0RH

1. This certificate is used subject to NSI Regulations and Rules of the NSI LIFE SAFETY FIRE RISK ASSESSMENT SILVER Approval Scheme.
2. NSI reserves the right to conduct an audit by an authorised NSI representative during normal business hours, with the permission of the customer, of the fire risk assessment and its related premises in order to ensure that the said risk assessment complies with BAFE Scheme document SP205-1 (the Scheme) Section 7 and generally.
3. NSI requires every NSI LIFE SAFETY FIRE RISK ASSESSMENT SILVER Approved Company to issue a Certificate of Conformity in accordance with the Scheme for all fire risk assessments it carries out that wholly or partly address life safety.
4. The Certificate of Conformity when completed is a clear statement that the Approved Company conducted the fire risk assessment for life safety, it is suitable and sufficient and compliant with the BAFE SP205-1 Scheme document and is certified by a registered competent fire risk assessor.
5. Where life safety and other aspects of fire protection are addressed in the same fire risk assessment a Certificate of Conformity shall be issued but the certificate shall make clear that the certificate applies only to the life safety aspects of the fire risk assessment and not further or otherwise.
6. Should the customer be dissatisfied with the fire risk assessment covered by this certificate, he/she should at first contact the Approved Company at its local office. If satisfaction is not obtained, the customer should address a written complaint to the customer services department at the head office of the Approved Company. If the customer remains dissatisfied, he/she may address a written complaint, outlining the nature of his/her dissatisfaction and the circumstances of the fire risk assessor company's response, to the Customer Care Manager at NSI.

NSI will not normally consider complaints unless the Approved Company has been given the opportunity to resolve the dispute as set out above.

Subject thereto and as hereinafter provided, NSI will endeavour to assist in the resolution of the dispute between the contracting parties, provided always that NSI will not deal with or be involved in any discussions or negotiations with either party with regard to financial or other loss, claims or potential loss claims, outstanding payments or construction and/or interpretation of the Approved Company's terms and conditions of contract.

NSI shall not be liable for any act or omission arising from any assistance it may provide as hereinbefore provided unless such act or omission is shown to have been fraudulent or deceitful.

7. This Certificate confirms conformity with the requirements of BAFE Scheme document SP205-1 applicable at the date of issue by the issuing company. NSI does not undertake to investigate any query or complaint in relation to future changes to BAFE scheme documents, policies or other regulations that render the fire risk assessment in need of further updating. In that event, the appropriate update should be carried out by a company holding NSI LIFE SAFETY FIRE RISK ASSESSMENT Approval.
8. NSI does not accept any responsibility or liability for any fire risk assessment produced by the Approved Company
9. Unless the issuing company's obligation to NSI in respect of the fire risk assessment are undertaken by another NSI Approved Company, NSI will not enforce its Rules or Standards on the Approved Company or on its successor in business in respect of any fire risk assessments after the issuing company ceases to hold NSI LIFE SAFETY FIRE RISK ASSESSMENT Approval.
10. The Certificate is issued subject to the terms and conditions of the company issuing the certificate for the fire risk assessment service.
11. On this certificate and in these terms and conditions, where the context permits, the reference to the issuing company shall include any Approved Company who shall undertake the issuing company's obligations to NSI in respect of the fire risk assessment.

Note.

"SP205" is a Scheme Document published by the British Approvals for Fire Equipment (BAFE).

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TERMS AND CONDITIONS OF BUSINESS

Vale House, Summervale Close, Oldham, OL9 6DQ

This fire risk assessment is in accordance with the full Terms and Conditions provided with our quotation that should be read in full. The risk assessment should not be relied upon by any person other than the customer/client named herein. i.e. if the premises are sold to a third party. This fire risk assessment is made without prejudice to any requirements made by Local Authority, Building Control or by the local Fire Authority. Fire assessment and evaluation of risk is a dynamic and evolving process. The Assessment that we have prepared is based on the appearance of the premises/building, number of employees, internal layout and information provided on **Tuesday, 28 April 2026**

This fire risk assessment is prepared pursuant to our assessor's knowledge of the premises as disclosed to him/her by the occupier and following an inspection. The working of equipment not specifically checked by him/her is outside our knowledge and control. The risk assessment only identifies those areas of risk apparent at the date above in relation to the risks relating to fire. If there is a change in the structure of the premises/building, number of employees, layout or any other aspect that could impact upon fire safety the Responsible Person should ensure that no revision to the Assessment is required.

We have assessed the risk of fire to ensure legislative compliance and safety of relevant persons and have provided you with our Assessment. Ownership and implementation of the assessment is vital. We accept no responsibility for loss, damage or other liability arising from a fire, loss or injury due to the failure to observe the safety observance and practices identified in our Assessment. The Responsible Person will always remain responsible for the outcome of the Fire Risk Assessment or its review. We highlight that we recommend a periodic fire risk assessment review regardless of any changes in the structure, nature of business and employees. Total Fire Group Ltd accepts no liability where the recommended review date in the fire risk assessment has been exceeded, the information provided should not be relied upon 12 months from the date of the Assessment.

The submission of this Assessment constitutes neither a warranty of future results by Total Fire Group Ltd nor an assurance against risk. The Assessment represents only the best judgement of the consultant involved in its preparation, and is based, in part, on information provided by others. No liability whatsoever is accepted for the accuracy of such information.

Our recommendations are outlined in an Action Plan Summary. This sets out the measures it is considered necessary for you to take to satisfy the requirements of the Fire Safety Order and to protect people from fire. It is particularly important that you study the Action Plan, and, if any recommendation in the Action Plan is unclear, you should seek clarification. You are advised that this fire risk assessment forms only the foundation for management of fire safety in your premises and compliance with the Fire Safety Order. It is imperative you act on its recommendations and record what you have done. This will demonstrate to the enforcing authority your commitment to fire safety and to fulfilling your legal obligations. The Fire Safety Order requires that you keep your risk assessment under review. A date for routine review is given within the Assessment, but you should review the Assessment sooner should there be any reason to suspect it is no longer valid, if a significant change takes place or if a fire occurs.

The Fire Safety Order requires that you give effect to 'arrangements for the effective planning, organization, control, monitoring and review of the preventive and protective measures'. These are the measures that have been identified by the risk assessment as the general fire precautions you need to take to comply with the Fire Safety Order. You must record these arrangements. While this fire risk assessment is not the record of the fire safety arrangements to which the Fire Safety Order refers, much of the information contained in this Assessment will coincide with the information in that record. We have based our assessment on the situation we were able to observe while at the premises and on information provided to us, either verbally or in writing. No verification of full compliance with relevant British Standards was carried out. Our surveys do not involve destructive exposure, and it is not always possible to see in all rooms and areas, nor inspect less readily accessible areas such as above ceilings or voids. It is therefore necessary to rely on a degree of sampling and also reasonable assumptions and judgement.

Contact Details

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1.0 Fire Risk Assessment Details

The following fire risk assessment has been conducted on behalf of:

First Choice Homes Oldham

22 Union Street, Oldham, Lancashire, OL1 1BE

and relates only to the premises of:

Vale House, Summervale Close, Oldham, OL9 6DQ

Responsible or Accountable person(s):

First Choice Homes Oldham (FCHO)

Person(s) consulted and landline contact number:

Jack Lent (onsite) - Fire Safety Officer - Jack.Lent@fcho.co.uk - 07827085182.

Alex Swift (via email) - Fire Safety Manager - Alex.Swift@fcho.co.uk - 07717348454.

Fire Risk Assessor:

Jason Gore MIFSM, Advanced Level - National Fire Risk Assessors Register (NFRAR 440)

Validated by:

Mark O'Meara DMS, Eng Tech, MIFireE, MIFSM, Advanced Level - National Fire Risk Assessors Register (NFRAR 0143)

Date fire risk assessment was conducted:

Tuesday, 28 April 2026

Time:

9:30am

Date of last FRA or FRA Review (if known)

28 Apr 2025

Suggested date for next review:

April 2027

Fire risk assessment limitations:

A type 3 (Non-Destructive) Fire Risk Assessment (as detailed in the latest guidance document, Fire Safety in Purpose Built

Blocks of Flats) was completed, with access to flats 47 (5th floor), 50 and 51 (6th floor), and 57 (7th floor). Flats 6, 20 and 21 were accessed on the previous FRA.

A good selection/sample of riser cupboards was accessed throughout the building. Access was gained to the undercroft car parking area with access to the bin store room and plant room. Access was gained to the caretaker area on the 1st floor. Access was also gained to the ground floor bike store adjacent to the bin store.

No access was gained to the flat roof from the ceiling hatch on the top floor, and one of the roof terraces on the lower floors. However, one was accessed.

Access was gained into the SIB and EAS control box.

The ground floor flats have independent access with no shared communal areas and do not form part of this fire risk assessment except for compartmentation between the flats and the rest of the block, and the external wall.

The assessment of the fire performance of the external wall construction and cladding is excluded from this fire risk assessment. Where required, it is recommended that advice be sought from a qualified and competent specialist on the nature of, and fire risks associated with, the external wall construction, including any cladding on this building. This exclusion is consistent with advice provided by the Fire Industry Association (FIA), specifically within the document 'FIA Guidance on the Issue of Cladding and External Wall Construction in Fire Risk Assessments for Multi-Occupied Residential Premises'. Where it is determined that a detailed assessment of an external wall is required, this should be carried out by specialists in accordance with PAS 9980.

All services or penetrations traversing fire resisting compartments were not confirmed as being sufficiently fire stopped with fire resisting material. Any locations that have been identified are highlighted in section 9. Where fire compartments/fire dampers/ceiling voids were considered inaccessible for safety reasons and could not be physically accessed or were outside the visual range of the assessor, technical comment on these areas cannot be provided. If there are reasons to suspect the fire resistance within the building has not been sufficiently maintained the responsibility to provide this technical information rests with the duty holder.

Our assessor was not made aware of any outstanding notices of deficiencies/enforcement action from the enforcing authority, and "as-built" plans issued on completion of the building/alterations were not observed.

This fire risk assessment forms part of the Responsible Person(s) continuous fire risk management process and should be reviewed where significant changes are made to the premises, there is reason to think it is no longer valid, or following a fire.

The following documentation was observed on the previous FRA by the same assessor. Our assessor has not been made aware of any updated documentation, meaning no review was needed on the following:

- West Vale Drive Fire Strategy by Jensen Hughes- Issue 1 dated 17/08/2021.

Note

The following assessment has been conducted to assist the responsible person in compliance with the Regulatory Reform (Fire Safety) Order 2005. Although reference is made to relevant British Standards, Codes of Practice and Guides the Assessment will not, nor is it intended to, ensure compliance with any of the documents referred to in the Assessment. However, deviations from generally accepted codes, standards and universally recognised good fire safety practice will be clearly identified in the fire risk assessment.

2.0 General Premises Details

2.1 Number of floors:

8 (Ground and seven upper floors)

2.2 Approximate building footprint:

Approx. 900m²

2.3 Details of Construction and Premises:

As noted in the fire strategy, the West Vale scheme is an eight-storey apartment building. The top floor of the apartment block is around 22.2m above ground level.

The apartment building appears to be a traditional concrete structure with steel elements, brick and block walls, concrete stairs, and some elements of cladding around the building. There is a mixture of concrete walls and plasterboarded walls within the communal areas.

The entrance to the building leads into a foyer area with access to a lift, a door that leads to the undercroft car park and a door to a staircase to the upper floors. There are individual entrance doors to duplex maisonette apartments on one side elevation, all externally accessed and not sharing a common internal route. The undercroft has access to a bin store room on one end and a plant room on the other end. There is an alternative exit in the undercroft. A bike store is adjacent to the bin store but accessed externally at the rear.

The first floor has flats that are accessed on one side of the communal area due to the maisonette-type flats that are accessed from the ground floor externally. The upper floors are mirrored in that they have a door from the stairs into a lift lobby with access to flats down the corridors on either side. This stair has a dry riser. The other staircase doesn't have a lift lobby or dry riser. The corridors to access flats on each floor are around 39m but are divided by two sets of cross-corridor doors, with the largest corridor being around 16m. The cross-corridor doors are held open on magnetic hold-open devices. The rear staircase is only accessed from the first floor. There is a third staircase that is only for the car park escape at the rear, so it only extends to the 1st floor into open air.

Access to the roof is gained from the top floor in an area near the rooftop terrace. This is via a ceiling hatch. The roof of the building is flat.

Sprinklers are installed throughout the communal corridors, cupboards, plant rooms, the undercroft car park, and in flats. However, it is not installed in the staircases. AOVs are provided at both ends of the corridors on the upper floors and at the head of each staircase with a fire panel in place to assist the AOVs only and audible alarms for plant rooms, etc. An Evacuation Alert System (EAS/EACIE) is provided in the building. A dry-rising main and firefighting lift are provided in the firefighting shaft/staircase at the main entrance of the building. Emergency lighting is also installed throughout.

The undercroft has permanent ventilation and an extraction system.

There are 6 electrical charging points in the undercroft.

Noted to be around 62 flats, some flats were accessed to find that they consist of an entrance door opening into the open-plan lounge/kitchen area with access to 1 or 2 bedrooms, a cupboard and a bathroom. Grade D detection is provided throughout the flats, even the cupboards, except for the bathroom. Vents are provided throughout the flats in the ceiling, where they duct into a recirculation unit contained within the cupboards. Sprinklers are provided throughout the flats, and a sounder to the EAS system is provided near the entrance door. Entrance doors appeared to be FD30S with self-closers. Juliette balconies are provided from the lounge.

An independent maisonette-type flat was accessed on a previous visit. This had a slightly different layout with habitable rooms on the upper floor of the flats, but the same level of fire provisions was provided. The entrance door was not fire-rated, nor did it need to be.

Not all flats were accessed; however, it is reasonable to assume all flats are of similar layouts and provisions.

2.4 Occupancy/Purpose Groups

The premises are classed as Purpose Group 1a Residential (Flat) as defined by Building Regulations Approved Document B 2019 (amended 2020 and 2022)

2.5 Approximate maximum and minimum number of persons:

62 flats in total = 124 (based on the assumption of 2 persons per flat).

2.6 Approximate maximum number of employees at any one time:

Maintenance staff may visit the premises occasionally.

2.7 Maximum number of members of the public:

Limited to resident's visitors only.

2.8 Occupants at Special Risk:

<i>Sleeping occupants</i>	
Persons familiar with the premises	Yes
Persons unfamiliar with the premises	No
<i>Occupants with disabilities</i>	
Mobility-impaired	Yes
Hearing-impaired	Yes
Learning difficulties	Yes
Occupants in remote areas	No
Others	No
Comments	
Flats are general needs. Residents may be present with any combination of disabilities throughout the premises. The Responsible Person/Duty Holder for the premises should provide information and regularly remind tenants of the fire procedures by providing leaflets and, where necessary, encourage new tenants to have a home fire safety check by the local fire service. Specific measures regarding tenants with any disabilities identified can be discussed and implemented following the home fire safety check in conjunction with relevant local community services.	

2.9 Fire Loss Experience

None evident. None were reported at the time of assessment.

2.10 Any other relevant building details: i.e. Does the building have any ancillary uses, such as commercial or community activities? If yes provide details

See the construction details in 2.3.

3.0 Overall Risk Rating

Based on the findings within the fire risk assessment the overall risk ratings have been quantified as:

Risk to Life: Moderate.

There are deficiencies identified relating to the passive fire protection measures (see findings in section 9), which may impact on the containment of fire from the area/compartment of fire origin. There are also other findings, therefore, the risk to life is considered to be moderate.

However, when the findings and recommendations identified within this Fire Risk Assessment are addressed the risk to life will be reduced to tolerable.

The risk rating has been determined after considering the fire risk rating matrix in section 17.0. In these premises it is considered that the risk of a fire occurring is unlikely and the likely consequences of harm from fire (should one occur) are moderate harm.

Risk to Property: Moderate

For the same reasons above concerning the passive fire protection measures, the risk to property is considered to be moderate.

Risk to Business Continuity:

N/A

Note: The BAFE SP205-1 fire risk assessment certification relates to life safety only and not property or business continuity protection. The client should undertake further detailed assessment of risk for these areas if it considers necessary.

4.0 Dangerous, Flammable, Combustible Materials & Substances

IDENTIFYING THE FIRE HAZARDS

4.1	Are suitable arrangements in place to manage the elimination or reduction of risks from dangerous substances? (Article 12)	N/A
4.2	Are there suitable additional emergency measures provided to safeguard all relevant persons from emergencies related to dangerous substances in or on the premises? (Article 16)	N/A
4.3	Have combustible or flammable materials used or stored in the premises been identified?	N/A
4.4	Are all combustible or flammable materials stored or stacked safely?	N/A
4.5	Has consideration been given to reduce the quantity held or has the use of non-combustible materials been considered?	N/A
4.6	Are all substances stored away from ignition sources?	N/A
4.7	Where flammable stores are provided, are they adequately ventilated and correctly marked?	N/A
4.8	Are all refuse bins for Dangerous, Flammable, Combustible Materials & Substances sited where they will not affect the means of escape or pose a fire hazard?	N/A
4.9	Is all Dangerous, Flammable, Combustible waste removed on a regular basis?	N/A
4.10	Is the frequency of waste removal adequate?	N/A

4.0 Dangerous, Flammable, Combustible Materials & Substances: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
4.1-4.2	Questions 4.1 and 4.2 relate to substances and materials which are subject to the "Dangerous Substances and Explosive Atmosphere Regulations 2002" (DSEAR). No substances or materials falling into the above regulations were found stored or used inside the premises.

5.0 Interior Furnishings		
5.1	Are all interior furnishings made from fire resisting materials?	N/A
5.2	Where appropriate are they retreated with flame retardant chemicals (theatre curtain etc.) or made from inherently flame retardant materials?	N/A
5.3	Are all items located away from ignition sources?	N/A
5.4	Is all furniture in a good condition i.e. free from tears in covers, burns or discolouring from heat?	N/A

5.0 Interior Furnishings: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
5.0	At the time of the Fire Risk Assessment, the common areas were free from interior furnishings.

6.0 Heating and Electrical Appliances

6.1	Are portable or fixed heaters used?	Yes
6.2	Are all heaters fitted with suitable guards and located in positions away from combustible materials?	Yes
6.3	Are all heaters free from naked flames?	Yes
6.4	Has the use of safer alternatives been considered?	N/A
6.5	Portable Appliance Testing: Are systems in place to ensure appliances are tested, repaired and maintained on a regular basis in accordance with the Electricity at Work Regulations, 1989?	Yes
6.6	Has the premise's electrical system undergone electrical safety checks?	Yes
6.7	Is there a procedure to prevent the use of unauthorised portable appliances?	N/A
6.8	Is the ventilation of all appliances adequate?	N/A
6.9	Are all appliances turned off when the area is unoccupied?	N/A
6.10	Are all appliances protected by the correct fuse rating?	Yes
6.11	Are systems in place to isolate any appliance with a blown fuse?	N/A
6.12	Are all appliances free from visible signs of overheating?	Yes
6.13	Are multi-point adapters and extension leads kept to a minimum?	No
6.14	Are all cables (where can be seen) on walls, floors, ceilings correctly secured, so as not to pose an entrapment risk to firefighters?	Yes
6.15	Are cables free from mechanical damage?	Yes
6.16	Do signs indicate all electrical hazards?	Yes
6.17	Are reasonable measures taken to prevent fires as a result of cooking?	N/A
6.18	Are filters changed and ductwork cleaned regularly?	N/A
6.19	Are suitable extinguishing appliances available?	N/A
6.20	Are legal or other requirements for testing, maintenance & record keeping complied with for equipment such as hoists, escalators, air handling systems, heating boilers, pressure vessels etc.?	Yes
6.21	Do the premises have a lightning protection system? (where required)	Yes
6.22	Have other potential sources of heat not listed above been considered?	Yes

6.0 Heating and Electrical Appliances: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	Observation
6.13	As previously identified, an extension lead was found plugged into another extension lead (daisy chaining), within the contractor's office/plant room area on the 1st floor. Overloading extension leads and plugging them into one another may cause the leads/plugs to overheat, causing electrical faults and possibly a fire. Note: The person consulted advised that the daisy chaining was removed. However, this was still evident on this visit.  
	Recommended Actions
6.13	'Daisy chaining' of extension leads should be prohibited. It is recommended that additional fixed mains electrical sockets be fitted to reduce the number of extension leads and similar items required.

Ref	COMMENTARY
6.1	Fixed electrical radiators are fitted in the common areas. The radiators were clear and unobstructed. They are provided with a fused wall switch for isolating if required.
6.1, 6.20	The apartments do not appear to have a gas supply, and heating and hot water are provided by electrical appliances.
6.5, 6.10	There are no portable electrical appliances in the common areas.
6.6	As noted in their standard responses, FCHO have confirmed that electrical safety checks/EICRS are carried out every 5 years.
6.6, 6.10	The electrical items within the contractor's room on the 1st floor were viewed, and it was confirmed that PAT testing has been carried out, with the last test date being 07/2023. It is highlighted that not all electrical devices need to be the subject of an annual PAT. The Health and Safety Executive (HSE) advocates a proportionate, risk-based approach to the maintenance of portable electrical appliances within the workplace. This guidance is simple and easy to follow and can be found on the HSE website, "Maintaining Portable Electrical Equipment in a low-risk environment." It is assumed all appliances have the correct fuse rating as the PAT has been undertaken within the last 3 years.
6.13	The following are simple risk reduction measures to reduce possible ignition sources to as low as reasonably practicable, and staff should be made aware as necessary: • Unplugging low usage appliances when not in use. • Remove any unwanted appliances. • Any damaged or electrically unsafe items should be replaced. • 'Daisy chaining' of extension leads should be prohibited. • Limit the use of extension leads to the minimum necessary and, where practicable, provide additional fixed sockets instead of using extension leads. • Combustible materials should not be stored on or in close proximity to trailing leads, plugs, portable heaters and electrical appliances. • Personal electrical appliances should be subject to control.
6.20	The previous FRA found that the remote monitoring control panel in the plant room was indicating a supply fault. The person consulted advised that this was addressed post-handover, and regular inspections should monitor any future faults. The unit was in good working condition on this visit. 
6.20	As noted in their standard responses, all legal compliance records are stored on the shared drive and updated as soon as maintenance/service records are sent into FCHO. Remedial works are picked up and completed as soon as possible. These completed works are recorded and stored with the maintenance documents.
6.21	Lightning protection is installed as seen in the rear staircase internally. These should be maintained by a competent person. Periodic servicing ensures installations within the building are safe and compliant, in turn reducing the potential for ignition. As noted in their standard responses, FCHO have confirmed that these systems are tested every 12 months.
6.22	Electric charging points (x 6) are provided in the undercroft car park area. These should be maintained by a competent person. Periodic servicing ensures installations within the building are safe and compliant, in turn reducing the potential for ignition. As noted in their standard response, FCHO confirmed that EV charging points are checked as part of the 5-yearly EICR. 
6.22	No solar panels were advised to be installed on the roof. No electric scooters or bikes are stored in the bicycle store.

7.0 Persons at Risk

7.1	Does the actual occupancy of the premises/building conform with the occupancy figures contained in the relevant guide for the type of premises/purpose group?	Yes
7.2	Are the management/responsible person(s) aware of the occupancy restrictions for all rooms within the premises? i.e. function rooms, bars, conference facilities	N/A
7.3	Have the requirements of the Equality Act 2010 (permanent or temporary disabilities) for ALL persons been assessed and complied with where reasonable?	Yes
7.4	Have all disabled staff members been consulted and where agreed PEEPs been prepared?	N/A
7.5	Have standard PEEPs or PCFRAs been prepared for all relevant persons and visitors that may reasonably be expected to resort to the premises?	N/A
7.6	Are disabled refuges provided?	No
7.7	Are members of staff trained in the evacuation of disabled or mobility impaired persons?	N/A
7.8	Are fire evacuation drills conducted at least annually, taking into account all employees, shift and casual workers, visitors and contractors where appropriate?	N/A
7.9	Are the results recorded? (People involved, time taken, learning outcomes).	N/A
7.10	Is the access of relevant persons controlled at all times? i.e. are public, visitors & contractors required to sign in?	Yes
7.11	Are relevant persons made aware of the fire and health and safety procedures on arrival? (i.e. fire procedure/building plan adjacent to signing in book etc.)	Yes
7.12	Are notices in place to inform of restricted access areas?	No
7.13	Are there designated fire marshals where appropriate for all areas to ensure all relevant persons are accounted for following an emergency?	N/A
7.14	Is sleeping accommodation provided for the staff, public, temporary residents etc.? (Hotels, boarding houses, probation hostels etc.).	No

7.0 Persons at Risk: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.

Ref	COMMENTARY
7.0, 7.3, 7.5	The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025 now apply to these premises (since April 2026). When a vulnerable/relevant person is identified, a Residential (PEEP) should be carried out via a person-centred fire risk assessment (PCFRA). Without the completion of a PCFRA, the process is unlikely to meet the requirements of the legislation. The PCFRA is the first step in the process, leading to a bespoke residential PEEP. (RPEEP) This must include an assessment of: • The risks relating to the relevant resident arising from their compromised ability to evacuate without assistance in the event of a fire, and • Any other risks to the resident as regards the building, in light of their cognitive or physical impairment. • 'Risks' are those relating to safety from fire. Best practice advice The responsible person should engage with residents and, where required, provide a PCFRA and a resulting emergency evacuation statement. Guidance on carrying out a PCFRA can be found here: Residential PEEPs: Guidance for Responsible Persons - GOV.UK Examples of PCFRAs and the in-flat measures that are used as required to provide residents with personal independence can be found here: Responsible Persons toolkit – GOV.UK
7.0, 7.3, 7.5	Personal plans for fire emergencies in line with BS9792:2025: PCEP (Person-Centred Emergency Plans). These have now been incorporated into a British Standard, namely BS 9792:2025 Fire Risk Assessment - Housing – Code of Practice. These are plans that capture the actions to be taken in the event of a fire, tailored to the specific requirements and characteristics of an individual resident. Note, this could be, for example, a personal emergency evacuation plan (PEEP) or a personal emergency action plan (PEAP). PEAP (Personal Emergency Action Plan). This is a tailored document that outlines the specific actions an individual should take in the event of a fire. It is designed for residents who may face challenges evacuating independently due to physical, cognitive, or sensory impairments. PEEP (Personal Emergency Evacuation Plan). The term normally refers to a generally non-residential building to provide a plan separate and in addition to the normal building fire plan, which may include assistance to evacuate from the building by trained person/s who is/are always available when the disabled person is expected in the premises. This type of plan is generally ineffective and not recommended in purpose-built blocks of flats that do not have permanent staff on site. However, a PEEP is not exclusive to non-residential buildings. A PEEP that does not rely upon outside assistance to aid escape is likely to be suitable for any vulnerable and disabled person, including building residents. PCFRA (Person-Centred Fire Risk Assessment). The person-centred approach, based on a PCFRA, relates to the safety of residents who are at elevated risk from fire in their own accommodation; as such, this type of risk assessment and measures identified by it are outside the scope of the Fire Safety Order. The assessment is designed to reduce the potential fire hazards as far as possible, depending on the personal circumstances of the disabled person, thus reducing the risk of fire and may also include a PREP. PREP (Personal Rescue Emergency Plan). This term is born out of a PCFRA and generally refers to a situation where a disabled person needs rescue by the fire and rescue service when all other risk reduction measures have failed. For an outbreak of fire elsewhere other than the disabled person's flat, the probability of implementing such a plan is greatly reduced. This is unlikely to arise unless there are building failures, such as loss of compartmentation. Note: From April 2026, a PREP has been replaced with a Residential (PEEP) following the new guidance.
7.0, 7.3, 7.5	The Fire Safety (Residential Evacuation Plans) (England) Regulations 2025 aim to improve the fire safety and evacuation of residents in specified residential buildings in England who would have difficulties evacuating a building by themselves in the event of a fire (relevant residents). Such difficulties may be due to a physical mobility issue, some other disability, such as having a sight or hearing impairment, or a cognitive condition. The regulations also mandate building emergency evacuation plans in these buildings. The Residential PEEPs process includes a suite of measures: • The responsible person (typically the building owner or manager) identifies residents who need Residential PEEPs. • A person-centred fire risk assessment – a conversation between the responsible person and the resident, if one is requested by the resident – to understand their particular risks and identify how their fire safety and evacuation can be improved. • An emergency evacuation statement of what the resident should do in the event of a fire (if agreed between the responsible person and the resident). • Information for the Fire and Rescue Authority to help inform any operational response, and in case they need to undertake evacuation (but only if the resident explicitly agrees to that information being shared). • An ongoing duty to review the person-centred fire risk assessment/emergency evacuation statement, and the building emergency evacuation plan. These measures are set out as duties in these regulations that the responsible person under fire safety legislation is legally required to meet. The new regulations and duties can be accessed at gov.uk. https://www.gov.uk/government/publications/residential-personal-emergency-evacuation-plans-residential-peeps/residentialpeeps-factsheet.
7.3, 7.5	The scope of the Regulatory Reform (Fire Safety) Order 2005 does not cover the internal parts of the flats. From the information provided within the SIB, it has been identified that flat 56 is a category 2 resident who would require assistance to evacuate in an emergency. The person consulted advised that a PCFRA has been undertaken, and following the imminent PEEPs regulations. As noted in their standard responses, under the Fire Safety (Residential Evacuation Plans) (England) Regulations 2025, FCHO have robust processes in place to identify all vulnerable persons within the in-scope buildings. Also noted is that within in-scope buildings, all vulnerable persons have had PCFRAs undertaken, an emergency evacuation statement prepared and information shared with the local fire service.

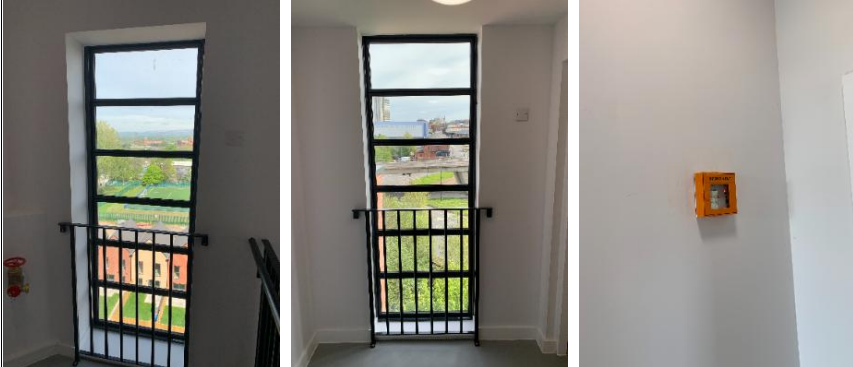
7.3, 7.5, 7.8-7.9	The building is occupied as general needs flats; therefore, fire drills and associated staff procedures are not required. Residents of the flats may have a range of disabilities, but will be familiar with the means of access and egress that are used on a regular basis. New residents should be encouraged to have a home fire safety check by the local authority Fire and Rescue Service, where it is considered that they may be vulnerable in the event of a fire. Specific measures regarding residents with any disabilities identified can be discussed and implemented following the home fire safety check in conjunction with relevant local community services. Where it is known that persons cannot self-evacuate, further fire safety measures may be needed.
7.6	Whilst there are no designated refuge areas, the protected stairways are considered to be relatively safe areas.
7.10-7.11	Entry is controlled by the residents, who are informed of any visitors via the intercom situated adjacent to the main entrance door. Access for contractors is controlled by FCHO.
7.12	Notices are not in place for the top-floor roof terraces. However, these doors are adequately locked shut to prevent access.

8.0 Means of Escape

8.1	Do travel distances meet the criteria given in the relevant HM Government guide and recognised industry norms and guidelines? Are the travel distances from flat entrance doors to the nearest stairway or final exit(s) acceptable?	Yes
8.2	Is the smoke ventilation provision suitable for the escape travel distances and protection of escape staircases? OV, AOV, PV or mechanical systems? Are the systems subject to regular servicing and testing?	Yes
8.3	Are there a sufficient number of exits of suitable width from each area/room for the persons present?	Yes
8.4	Can you ordinarily expect the Fire Service to arrive in the event of a fire whilst the fire is in the room of origin?	Yes
8.5	Can you expect the premises to be evacuated within the standard times for the type of construction?	N/A
8.6	Are all escape routes available and accessible at all times?	Yes
8.7	Are all escape routes and stairways free from undesirable items? (E.g. portable heaters, cooking appliances, furniture, coat racks, vending/gaming machines, photocopiers, mirrors.	Yes
8.8	Do any inner rooms exist?	Yes
8.9	Are vision panels provided between the inner room & access room and is it adequate?	N/A
8.10	If the vision between the inner room and the access room is inadequate is smoke detection provided within the access room?	Yes
8.11	Are all emergency exits doors unlocked and available at all times when the premises are occupied?	Yes
8.12	Are all final exit doors checked (opened) on a regular basis? Are the outcomes recorded?	No
8.13	Is the door furniture provided appropriate for the purpose group of the premises i.e. public buildings, licensed premises etc.?	Yes
8.14	Are floor and stairway surfaces in good condition and free from slip and trip hazards?	Yes
8.15	Do all final exits lead to a place of safety?	Yes
8.16	Are external escape paths clear of obstructions?	Yes
Electronic Door Release Devices		
8.17	Are all escape doors free from electro-mechanical door locks devices?	Yes
8.18	Are all escape doors free from electro-magnetic door locks devices?	No
8.19	Where electronic/electrical door control devices are fitted do they meet the installation criteria given in BS 7273 Pt. 4 2015	Yes
8.20	Do entry control devices conform to the category of actuation for the purpose group that the particular premises/building currently operates within?	Yes
8.21	Is the emergency operation of the door lock stated by appropriate signage?	Yes
8.22	Have all persons in the assessment area received instructions on how the devices operate in the event of an emergency?	N/A

8.0 Means of Escape: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.

Ref	COMMENTARY
8.2	The fire strategy notes that the common corridor at residential levels will be divided with a cross-corridor door, towards the middle of the corridor, to separate the escape routes. The section of the corridor connecting each stair will be smoke-vented via a 1.5m² AOV to the external elevation. On this assessment, the common corridors at residential levels were divided with two cross-corridor doorsets, creating an unventilated middle section of the corridor. However, the travel distance was not excessive, and the staircase lobbies and the staircases themselves are adequately ventilated. The fire strategy notes that a third stair will go down to the car park level from the 1st floor and discharge at the ground floor. This stair is noted to be independent of the other two stairs and will not have a vent, which was confirmed to be the case on this visit. Noted in their standard responses is that these are tested monthly and serviced annually by a competent person. Pictures reused due to no changes: 
8.2	Noted in 7.5 of the fire strategy - Car Park Smoke Venting: The car park will be provided with smoke venting. This will be achieved by either of the following: • Natural vents with a total free area equal to 2.5% of the car park floor area, with at least half of that evenly distributed on two opposing walls. • Mechanical ventilation achieving 10 air changes per hour and is able to withstand temperatures of up to 300°C for at least 1 hour. Both mechanical ventilation and natural permanent vent options appear to be provided in the car park, possibly due to the EV charging points. Pictures reused due to no changes: 
8.2	The person previously consulted advised that the AOVs at the head of the staircases have been tested to ensure they are correctly configured to ensure they are linked to the AOV system as a whole and would activate at the head of the staircases and the fire floor.
8.6, 8.13	The final exit doors at the base of each staircase have push bars installed.
8.7	There were some items stored in the communal areas on the 3rd floor lift lobby area and at the main entrance due to a resident moving out. However, this was removed before our assessor had left the building. The communal area was clear and sterile of unauthorised items at the time of this assessment.
8.8-8.10	The Fire Strategy in 4.5 notes: There are some inner rooms throughout the building, including the life safety plant room on the first floor and the plant room and store accessed from the car park. The car park inner room meets the recommendation of Building Regulations guidance as these are not sleeping areas, travel distances are compliant, occupancy of these rooms is low, and the building will be provided with automatic fire detection and alarm. The life safety plant room is accessed via the switch room. Inner rooms should not have to escape through a high-risk space. However, this arrangement is reasonable as: • The life safety plant room is more akin to a large cupboard than a room. • Travel distances are short, with two directions of escape from the switch room. • This space will be accessed infrequently and by a low number of occupants. • The building will be provided with an automatic fire alarm and detection system.

8.12	Final exit doors are used regularly by residents, and it can be reasonably expected that any fault would be reported.
8.18-8.19	The final exit at the main entrance from the building is electromagnetically secured with a suitable override adjacent. The same is said for other exits within the undercroft area from the bin store and car park entrance. It is reasonable to assume these are installed to current standards. Pictures reused due to no changes:  

9.0 The Confinement of Fire

9.1	Are all escape routes and compartments protected by fire resistant walls and doors where required?	Yes
9.2	Where required, are the compartment walls of top floor compartments extended through the roof void and suitably sealed at the roof?	N/A
9.3	Is there a procedure for monitoring and maintaining existing fire resisting construction and fire stopping, in particular, pre-contractual agreements prior to any alterations work on site?	Yes
9.4	Is there a procedure in place to regularly check the condition of fire resisting doors and doorsets?	Yes
9.5	Are all fire doors self-closing, kept locked shut where appropriate and in good condition?	No
9.6	Are all fire doors fitted with smoke seals and intumescent strips where required?	Yes
9.7	Is there reasonable limitation of linings to escape routes that might promote fire spread?	Yes
9.8	From a non-invasive inspection, is there potential for fire and smoke spread through routes such as doors, walls, vertical shafts, service ducts, service penetrations, venting systems, cavities, and voids?	Yes
9.9	Have there been any structural alterations within the past 12 months?	No
9.10	Were the requirements of the Building Regulations followed and a completion certificate issued?	N/A
9.11	Are all ducts fitted with effective fire dampers where required?	Yes
9.12	Are all fire exits underneath and within 1.8m horizontal or 9m vertically of any external escape stair, fire resisting and self-closing?	N/A
9.13	Is glazing within the above distances fire resisting and fixed shut?	N/A
9.14	Is there a procedure for all premises/areas to be checked at the end of a working period for potential fire hazards?	N/A
9.15	Are the premises free from risk posed by adjacent properties? (Uncontrolled fly tipping, overgrown vegetation or poor housekeeping)	Yes
9.16	Are there any other premises features or hazards that could affect fire development or spread?	No
9.17	Is there potential for fire and smoke spread into the premises from an external fire?	No
9.18	Does basic security against arson by outsiders appear reasonable?	Yes
Automatic Hold Open Devices		
9.19	Are any fire doors fitted with automatic door release devices?	Yes
9.20	Are the devices fitted to any critical doors? e.g. onto stairs in a single staircase building	No
9.21	Is smoke detection provided within the area located near to the door release device? (Consider to L3 standard?)	Yes
9.22	Are all non-self-contained devices linked to the fire alarm system and released on actuation?	Yes
9.23	Are any self-contained, acoustically actuated door hold open devices fitted?	No
9.24	Are all devices tested regularly and the results recorded? (At least once a week)	Yes
9.25	Are all doors released at night or when the area is unoccupied?	Not Known
9.26	Are all devices tested in accordance with the manufactures relevant standard to ensure satisfactory operation?	Yes
External Wall Systems		
9.27	Has the risk of external fire spread been considered? Consider external cladding, wall systems, external render and balconies.	Yes
9.28	Has there been any previous examination of the building's external wall system or cladding? If yes provide details.	N/A
9.29	Has the information on the EWS or any changes to it, been sent to the Fire and Rescue Service?	Yes

9.0 The Confinement of Fire: Finding(s)

Ref	FINDINGS
	Observation
9.5	As previously identified, several communal fire doors had deficiencies that were identified on this assessment. These include: • Raised previously and still an issue - Doors not fully self-closing into their rebates - includes the double cross-corridor doors throughout the building on most floors, as the doors either seem not to be fully closing due to the doors catching on each other, or they do not close in the correct order and stop at the smoke seals. • The 2nd floor lift lobby corridor doors were missing a magnetic hold-open device on the wall, creating a gap in the wall. • The bin refuse inner door from the car park had damaged beading to the glazing. • The bin refuse outer door to the car park had its self-closing device removed (the FCHO representative at the time advised that this has already been raised as a job to rectify). • The caretaker room access door on the 1st floor had not been sealed between the frame and the surrounding structure on the inside of the door. Where fire doors have missing/damaged components, are not sealed, or do not fully self-close, fire or other products of combustion may be able to spread onto the escape route, placing persons at risk of harm. Note: The person consulted advised that contractors have visited the site to repair doors, and a full quarterly inspection process is in place as per FSE regulations, with repairs raised as identified. The previous FRA action noted that most magnetic hold-open devices on cross-corridor doors did not work or were hanging off the wall, and intumescent fire and cold smoke seals were missing or damaged on a high number of doors. These previously raised actions appear to be completed. Example pictures: 
	Recommended Actions
9.5	As part of the building fire door audit by a competent person, any deficiencies identified should be rectified. Remediation works would include ensuring damage to walls from the magnetic hold-open devices is repaired where required, sealing the gaps between the doorframes and surrounding structures with appropriate fire-rated materials, and ensuring doors/self-closing devices are adjusted, or alternative arrangements sought, to ensure doors fully close into their rebates unaided.
	Observation
9.5	Flat 27's entrance door was found to be missing its letterbox and instead was sealed over, potentially by the resident with unknown materials. Where fire doors have missing/damaged components or have been incorrectly sealed, fire or other products of combustion may be able to spread onto the escape route, placing persons at risk of harm. Note: The person consulted advised that an order has been placed to investigate this and rectify. 
	Recommended Actions
9.5	It is recommended that this be investigated and the aperture for the letterbox be either sealed up with the appropriate fire-rated materials or the letterbox be reinstalled to its original specification.

Observation	
9.8	There were a small number of minor deficiencies with compartmentation within the building. These included: • Unsealed penetrations within the access room to the roof area from the 7th floor lift lobby area. • The cupboard opposite flat 51 had an excessive 50mm gap that was filled with Blue 60 fire foam. However, the fire foam has only been tested for gaps up to 30mm. This appeared to be an isolated issue, as others checked where up to 30mm gaps with the same fire foam installed. Breaches in fire resisting construction that are not suitably fire stopped could lead to a fire spreading beyond the compartment of fire origin and place persons at risk of harm. 
Recommended Actions	
9.8	It is recommended that the areas identified are opened and checked, and adequate fire stopping is undertaken to ensure the required fire resisting standard is achieved and the materials are installed within their limitations.
Ref	RECOMMENDATIONS
Observation	
9.18	The bin refuse room door was found to be left unlocked and open, allowing access to unauthorised persons. This may encourage anti-social behaviour or potential tampering with systems and structures.
Recommended Actions	
9.18	It is recommended that the doors remain secured. Residents and onsite staff ought to be reminded of the need to keep entrance doors to buildings locked shut to prevent unauthorised access.

Ref	COMMENTARY
9.1-9.2	The roof of the building is flat, and therefore, there are no roof void compartmentation considerations needed for the top floor. Pictures reused from the previous visit: 
9.1-9.2, 9.8	The plasterboard walls within the store and riser cupboards, and the walls from the staircases into the communal corridors on the upper floors, fall short of the floor slab above and have not been fully sealed around this area on the outer layer of the plasterboarding. However, this has been previously confirmed to be a deflection head system and is very common in newly built buildings complying with Approved Document B. In many constructions, slight movements from thermal expansion, seismic activity, or differential settlement require that a movement joint be provided, especially at the head of the wall junction where a plasterboard fire compartment wall meets an adjoining element such as a floor in this scenario, and as noted in Approved Document B, it states that compartment walls should be able to accommodate deflection of the floor when exposed to fire. The contractors Caddick have been previously consulted, and they have advised the following: <i>"The top of the plasterboard walls is always left with a deflection detail. The detailing of the firewalls works in conjunction with the deflection detailing to maintain a movement joint and the desired fire integrity."</i> It had previously been confirmed that there is a firewall behind these plasterboarded walls, which run up to the true floor slab height and are sealed. Pictures reused due to no changes: 

9.1, 9.5-9.6 The fire strategy doesn't appear to advise on the fire door requirements. However, fire door sets fitted to the apartment entrance, staircase and service riser cupboards are expected to be a minimum of FD30S fire door sets fitted with combined intumescent strips and cold smoke seals and self-closing devices where necessary. The FD30S fire door sets seen on site appear to be certified and ironmongery fire-rated. It should be noted, however, that the doors on the firefighting stairs should be FD60S due to the 120-minute fire resisting requirement of the firefighting shaft.

The communal doors and flat entrance doors throughout the building appear to meet the above requirements where needed.

Also, on this visit, a couple of composite doors were installed, and the person consulted onsite advised that these are FD30S doorsets. Test evidence of the fire doors performance was not available.

Example pictures of communal doors reused due to no changes:



Example pictures of flat entrance doors:

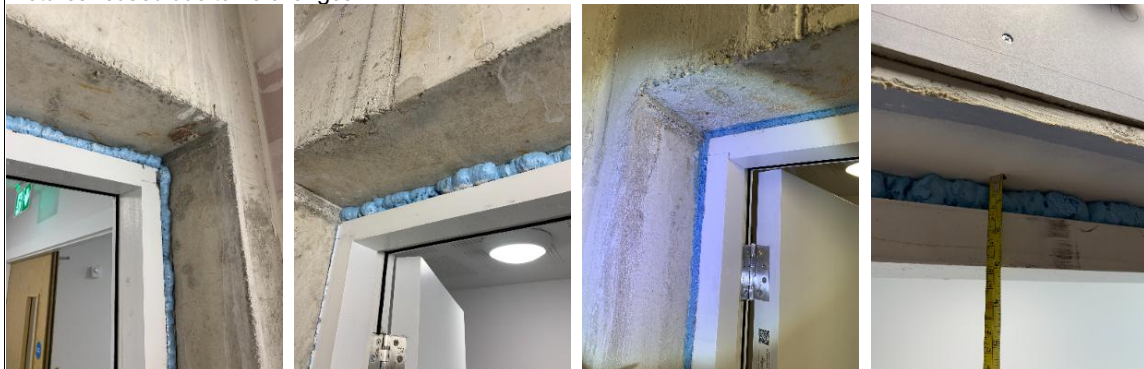


9.1, 9.5-9.6 The previous FRA raised a finding concerning the new store rooms, plant rooms and riser doors throughout the building due to blue 60 fire foam that had not been trimmed or finished with architraves on the inside of the cupboards, and they had not been sealed to finish the seal. The person consulted advised that all doors have correct paperwork, a full inspection regime in place under FSE regs and all repairs carried out.

A sample of riser cupboard doors was accessed throughout the building on this visit to find exposed Blue 60 fire foam on the inside of the doorsets. It is reasonable to assume that the doors have been installed in line with the specifications of the FIRAS Certificate of Conformity and Blue 60 Fire Foam technical data sheet.

The FIRAS certificates were not viewed for the doors. The gaps to which the Blue 60 Fire Foam had been installed are up to around 30mm. From the technical data sheet for this product, 30mm is the maximum gap permitted, and fire-rated packers should also be used. Blue 60 PU fire-rated foam is designed to provide up to 60 minutes of fire protection when used with Blue 60 fire-rated packers. According to its specifications, no additional mastics or sealants are required to complete the installation. Once cured, it can be painted, cut, or trimmed, but its fire resistance is tested as a complete system without extra sealants. If over-sealing with a fire-rated acrylic sealant is considered to tidy up the installation, it would be best to check with the manufacturer or refer to specific BS EN 1634-1 and BS 476-22 compliance details.

Pictures reused due to no changes:



9.1, 9.8

The fire strategy notes that, based on the top storey height of the apartment building, its structure will achieve 60 minutes of fire resistance from the first floor up, based on the provision of a sprinkler tank with a 60-minute duration. The structure supporting the ground floor will achieve 90 minutes of fire resistance.

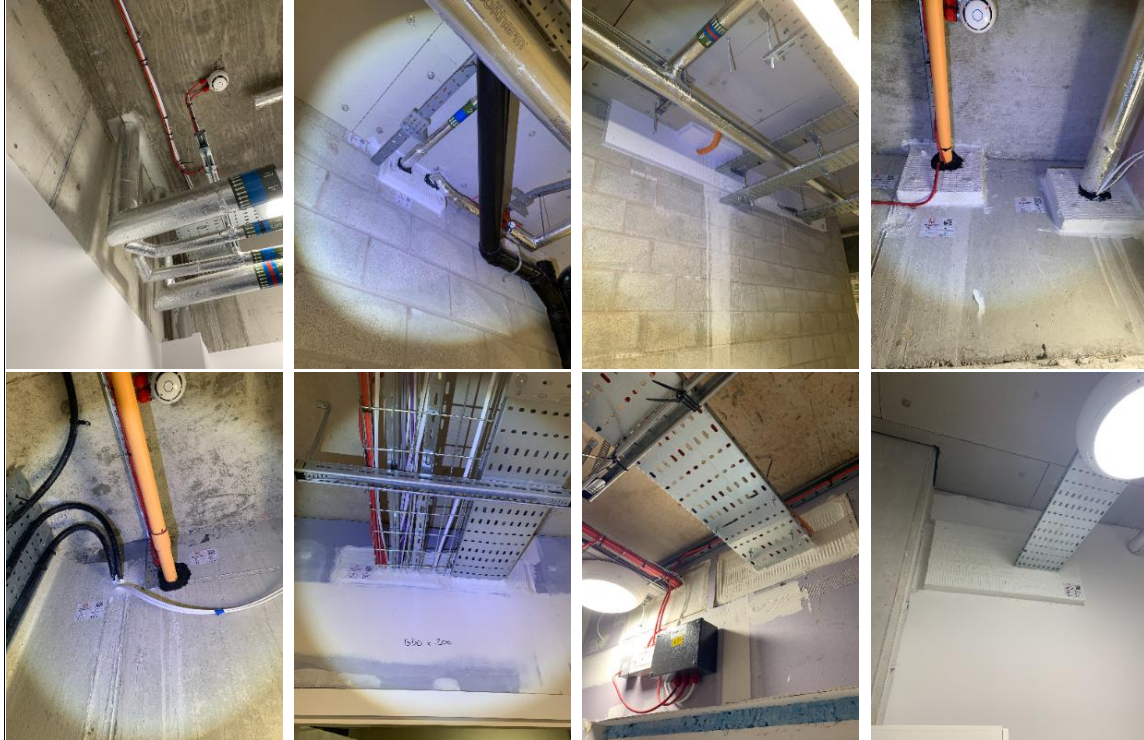
Fire stopping will be provided in line with the recommendations of BS 9991. This will include:

- At compartmentation junctions (e.g. where the compartment wall or floor meets the external wall).
- Any penetrations in the compartment construction.

Fire stopping will achieve the same period of fire resistance as the compartment construction.

The person consulted advised that the gaps between the door frames and walls in which they sit are filled with approved 60-minute fire-rated foam (Blue Foam) - see the above commentary. Some of the internal walls observed on the previous visit appeared to be the makeup of a metal frame compartment wall to 60 minutes of fire resistance, with walls appearing to be double-boarded on either side of compartment walls and filled with mineral wool insulation, including flat hallways.

Examples of good fire stopping observed throughout the building:



9.1, 9.8

Where the level of fire stopping or fire resisting construction is found to be below an acceptable standard remedial fire stopping work should be carried out. Breaches in fire resisting construction should be filled with suitable fire resisting materials to maintain the standard of fire resistance of the surrounding structure in accordance with BS 476 Pt 22 or BS EN 1364 Pt 1 to 6. The use of third party accredited passive fire protection contractors and products should ensure any remedial actions will be to the required standard in the most cost effective manner.

The Responsible Person ought to have in place a system for ensuring that the integrity of any passive fire protection measures is not compromised when building alterations are carried out e.g. for the installation of new pipes, cables and other services. Records of these should be maintained for future inspection by auditors and enforcement agencies.

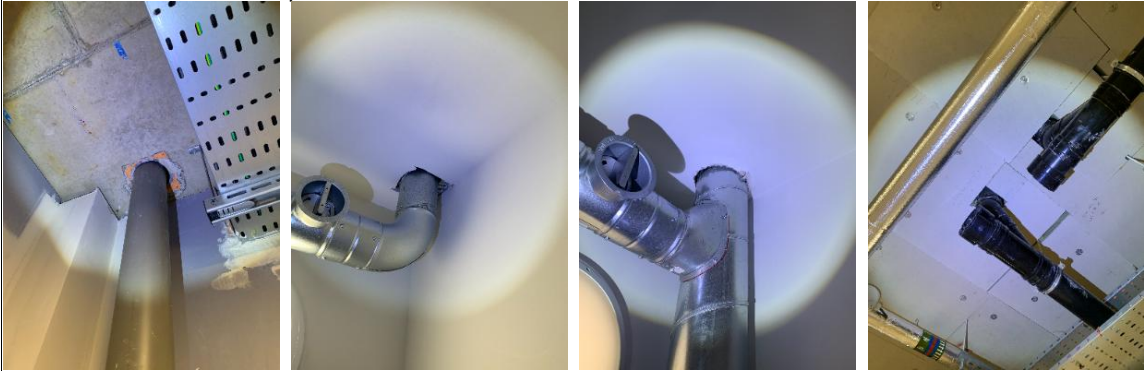
One common available fire stopping product is expanding fire resisting foam. To avoid unnecessary costs, the universal use of expanding fire resisting foam products should be used with caution and in strict accordance with the manufacturer's recommendations to achieve the required fire resistance. Generally, expanding foam products are tested as narrow linear gap seals and will not work in a large penetration seal. The Guide to Inspecting Passive Fire Protection for Fire Risk Assessors produced by The Association for Specialist Fire Protection advises that PU expanding fire resisting foam products should only be used to seal linear gaps between walls and walls / floors / ceilings. It cannot be used to seal pipe or cable penetrations unless tested for that end-use application. In this case, other more appropriate fire stopping products should be used. It is recommended where rectifying life safety compartmentation issues that third party accredited contractors, who have been accredited to undertake the particular aspect of works, using appropriate third party accredited products is considered.

Note:

Compartmentation - Compartment walls and floors should form a complete barrier to fire between compartments they separate and have the appropriate fire resistance.

Fire Stopping - If compartmentation is to be effective, every joint or imperfection of fit, or opening to allow services to pass through the compartment, should be adequately protected to the same standard of fire resistance by sealing or fire stopping so that the fire resistance of the compartment is not impaired.

9.4	As noted in their standard responses: Flat doors: FCHO have a system in place to ensure flat fire doors are periodically inspected. This is achieved through access to flats during the Annual inspections (carried out in conjunction with the FRA/ FRA review/ inspection), checks are also carried out by our gas engineers during annual gas service (in blocks with a gas supply) and functional checks during void. FCHO also provide continued communication with our customers to ensure any defects with their own fire door are reported. Where doors are in blocks that fall under FSE regs, FCHO have a full process in place for achieving best endeavours. Communal doors: FCHO have a system in place to ensure communal fire doors are periodically inspected. In blocks that fall under FSE regs, this consists of a quarterly inspection of all communal doors. All other blocks (i.e. those under 11m) are inspected annually. Note: Regulation 10 of the Fire Safety (England) Regulations 2022 gives further advice on additional information about fire doors to be given to residents. https://www.gov.uk/government/publications/fire-safety-england-regulations-2022/fact-sheet-fire-doors-regulation-10
9.5	The previous FRA raised a finding concerning the cross-corridor door near flats 6 and 7 stuck open on the floor and did not self-close into its rebate. The person consulted advised that this had been completed on 12/06/2025 with evidence held in the internal repairs folder. No issues appeared to be present on this visit.
9.5	The person consulted advised that the entrance door to flat 6 has a fire plate on the letterbox supplied by the fire service. 
9.5, 9.8	Article 8 of the Regulatory Reform (Fire Safety) Order 2005 requires the responsible person to take general fire precautions to ensure the safety of relevant persons. This includes measures to reduce the risk of fire on the premises and the risk of the spread of fire on the premises.
9.8	The previous FRA raised a finding concerning some of the plasterboard walls within the store, and riser cupboards have not been fully sealed around the plasterboard edges. The person consulted advised that this is known as a deflection detail, confirmed by contractors with manufacturers' details provided. This documentation was not viewed by our assessor, and there is an assumption from our assessor that this is correct based on the information provided by the Responsible Person/Duty Holder. Note: Usually, every joint, imperfect fit and opening for services through a fire-separating element should be sealed with fire-stopping to ensure that the fire resistance of the element is not impaired. Fire stopping delays the spread of fire and, generally, the spread of smoke as well. Picture reused to show the previous issue raised: 

9.8	The previous FRA raised a finding concerning several pipes/ducts penetrating the floor slabs in the property that may not be adequately sealed, as gaps could be seen between the pipes/ducts and the floor structure they penetrated. These areas include the undercroft, the cupboards adjacent to the lift, and the plant room on the 1st floor. The person consulted advised that a full Bolster report was obtained, confirming all fire stopping locations and products. Documentation was not viewed by our assessor on this visit, but there is an assumption by our assessor that these previously identified concerns are correctly fire stopped from the information provided by the Responsible Persons/Duty Holder. Pictures reused to show the previous issues raised: 
9.9-9.10	This is a newly built property in 2025. This assessment is not a full building compliance check to comply with the Building Regulations, and assumptions have been made that the guidance in BS9991/Approved Document B Volume 1 has been followed as part of the build, and that completion certificates have been issued.
9.11	Ventilation ductwork was not observed throughout the building. However, some areas of ductwork could be seen in some of the bathrooms behind the boxed-in sections on the previous visit that seemed to show adequate fire-stopping. Vents are provided on the ceilings in most rooms in the flats and appear to be part of a recirculation unit contained within the flats that are not shared and appear to vent to the exterior walls. On a previous visit, an area above a flat could be seen to view the void area where the ductwork runs. These appear to be contained within each flat. The fire strategy notes that fire stopping will be provided for any penetrations in compartment construction. Under Regulation 38 (formally 16B) of the Building Regulations the designer/principle contractor is required to handover, to the end user, "as built" information regarding the systems and protection measures for the safe operation of the building. This information was not available to the consultant at the time of the fire risk assessment. It should include the design and fire protection measures incorporated into the ventilation system. If there are reasons to suspect the fire resistance within the building has not been sufficiently maintained the responsibility to provide this technical information rests with the duty holder. Picture reused due to no change: 
9.19-9.26	Electromagnetic door hold-open devices were fitted to the cross-corridor fire doors, which are understood to be integrated with the AOV and fire panel system. It is understood that doors will close on detection of smoke in the vicinity of any held-open doors, and that there is no timer fitted to the AOV and fire panel interface that would automatically release the doors at night. It is understood that these are checked as part of the AOV testing arrangements.

9.27-9.29

From a non-invasive external visual inspection, the building facade construction appears to be of brick/masonry with some areas of cladding materials and glazed elements. The flats also have Juliet balconies.
The fire strategy notes that as the apartment building exceeds 18m in height and is used for residential purposes, all materials used in the construction of the external wall will achieve European Class A2-s1, d0 or Class A1, except for sealants, gaskets, doors and windows (including frames); (see regulation 7(3) for the full list of exemptions).
This also applied to specified attachments, including balconies.

As noted in their standard responses, high-rise blocks have Cladding information submitted to GMFRS as well as hard copies in the SIBS (see section 12).

Pictures reused due to no changes:



10.0 Automatic Fire Detection

10.1	Where a fire alarm system is required has one been provided?	Yes
10.2	Is there suitable provision of automatic detection within the flats?	No
10.3	Is there a procedure in place to ensure fire detection within residents' flats are routinely checked, to ensure they have not been tampered with?	Yes
10.4	Is it possible to define the detection system category? (L1- L5 etc.)	Yes
10.5	Is the automatic fire detection suitable for the risk and premises type?	Yes
10.6	Does the system conform to standards appropriate to the purpose group for the premises/building use? i.e. BS 5839 Pt. 1 or BS 5839 Pt. 6 etc.	Yes
10.7	Are sufficient call points and detectors provided?	Yes
10.8	Can the alarm be raised without placing anyone at risk?	Yes
10.9	Are all call points visible, unobstructed?	Yes
10.10	Are all fire alarm sounders of the same type, giving the same alarm signal? The signal should be distinct from all other alarms or signals in the workplace to avoid confusion.	Yes
10.11	Where required does the system have a voice alarm? i.e. large places of assembly	N/A
10.12	Can the alarm be heard throughout all areas of the premises?	N/A
10.13	Has a suitable fire zone plan been provided adjacent to the fire panel where necessary? i.e. complex premises or care homes	N/A
10.14	Is the fire alarm system under a regular maintenance programme by a qualified fire alarm engineer?	Yes
10.15	Are there systems in place to ensure the system is tested weekly from a different call point?	Yes
10.16	Are all fire alarm tests, faults and maintenance schedules recorded?	Yes

10.0 Automatic Fire Detection: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	Observation
10.2	It is acknowledged that the inside of flats does not fall under the Regulatory Reform (Fire Safety) Order 2005. There did not appear to be a Grade D smoke detection in the hallway of flat 51. The residents within this flat may not receive a warning of a fire, placing them at risk of harm. 
	Recommended Actions
10.2	A competent person should visit the flat to check and, where appropriate, install a Grade D smoke detection in the hallway of flat 51.

Ref	COMMENTARY
10.1	A fire panel system is provided within the common areas along with detection; however, it was advised that it is not audible. Provided there is effective compartmentation and means of escape, 'general needs' blocks of flats will not normally require a communal audible fire alarm.
10.1-10.6	The fire strategy notes that the apartments will be provided with an LD1 detection and alarm system. The apartment corridors will be provided with detection to operate the smoke control system only. Ancillary areas such as the bin store, car park and cycle store in the apartment building will be provided with an L3 alarm and detection system, and these areas will evacuate simultaneously if a fire occurs in any of these areas. Call points are provided for these areas only. This is the same for other rooftop terrace/balcony areas. This all appeared to mirror what was seen on this visit. 
10.2-10.3	The scope of the Regulatory Reform (Fire Safety) Order 2005 does not cover the internal parts of the flats. Not all flats were accessed on this visit. However, within the flats assessed, BS5839-6, Grade D mains-powered detection was observed throughout each flat to an LD1 standard, with heat detection in the kitchen and smoke in other rooms, and the cupboards. As noted in their standard responses, all FCHO flats have at least one mains-wired smoke detector. All blocks of flats with three or more stories are currently in the process of being upgraded to LD2 detection (LD1 in some cases). The other 2-storey blocks (where risk is lower) will be upgraded to LD2 during any future re-wire programme. Detection is checked during FCHO annual inspections (to the representative sample of flats accessed) as well as during the annual gas safety check, where results are documented on the LGSR. FCHO also send out regular communication to its customers to ensure they report missing or faulty detection within their homes. 
10.2-10.3	The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022 came into force on 1 October 2022. From that date, all relevant landlords must: • Ensure at least one smoke alarm is equipped on each storey of their homes where a room is used as living accommodation. This has been a legal requirement in the private rented sector since 2015. • Ensure a carbon monoxide alarm is equipped in any room used as living accommodation which contains a fixed combustion appliance (excluding gas cookers). • Ensure smoke and carbon monoxide alarms are repaired or replaced once informed and found to be faulty.

10.7	The previous FRA raised a finding that two fire detectors were found to be covered over in the undercroft area near the plant room and the foot of the staircase from this area, possibly due to the construction works undertaken to prevent false alarms, but the covers had not been removed. The person consulted advised that work has been undertaken and that the alarm covers were removed on 23/05/2025. The noted detector heads were clear on this visit. 
10.14-10.16	Also see 8.2 - As noted in their standard responses, all part 1 fire alarm systems are serviced every 6 months. Part 1 systems, which are monitored, are also tested monthly. Within blocks, FCHO tests fire alarms on a weekly basis; these are only used for ancillary areas that become temporary places of work. These alarms are not designed to evacuate residents (Stay put). Each test will rotate the call point. Monthly tests are recorded on the Propeller App, and contractors produce electronic copies of their service visits. No records were viewed on this visit.

11.0 Emergency Escape Lighting

11.1	Has the provision of emergency lighting been considered? Working hours, windowless areas, open access areas>60m ² , toilets>8m ² .	Yes
11.2	Is emergency lighting provided in accordance with guidance relevant to the purpose group for the premises? (BS5266, ADB)	Yes
11.3	Does it illuminate escape routes, exits, corridors, hazards or obstructions, changes in floor level, signs, fire alarm call points and firefighting equipment?	Yes
11.4	Is the emergency lighting beyond the final exit adequate so that persons can reach a place of safety?	Yes
11.5	Are routine checks carried out in accordance with the appropriate standard to which the system conforms – i.e. daily, monthly, 6 monthly and annual checks?	Yes
11.6	Are records of maintenance kept?	Yes
11.7	Is normal lighting adequate and in working order?	Yes

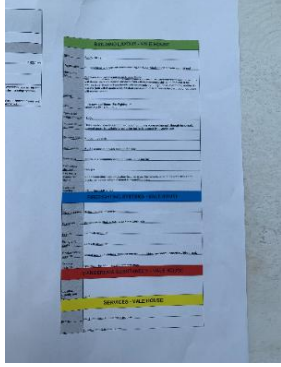
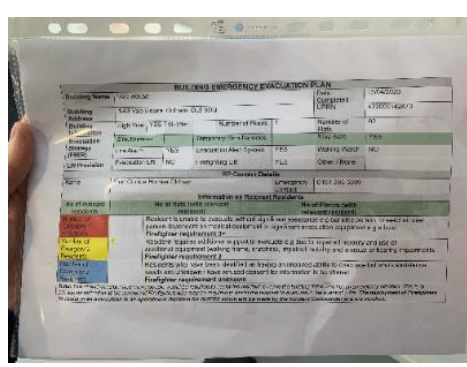
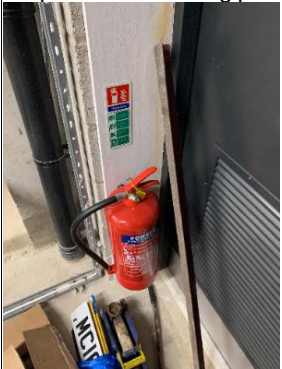
11.0 Emergency Escape Lighting: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
11.1-11.4	Emergency lighting is installed within the building and on exterior escape routes and appears to be in working order. It was not possible to ascertain the exact level of illumination of the emergency lighting, but the coverage appeared to be satisfactory, and the installation is assumed to comply with relevant standards.
11.5-11.6	As noted in their standard responses, all emergency lighting systems are tested every month in blocks with more than 2 stories (flick test), and a 3-hour discharge test is carried out annually by a competent person.
11.5-11.6	For information, it is recommended that the emergency lighting is tested in accordance with BS 5266, Emergency Lighting and would typically include: - • A visual check; • A monthly function test of each unit with a “fishtail” test key; • An annual test by a suitably qualified and competent person; • The test results ought to be recorded in a suitable logbook or IT system.

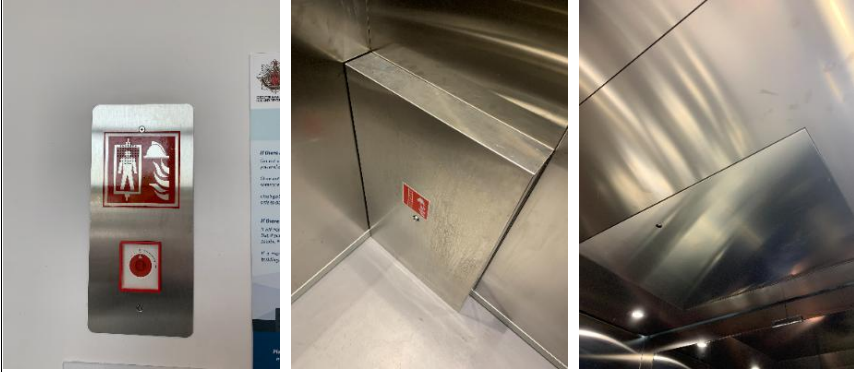
12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations

Firefighting Equipment		
12.1	Where appropriate are adequate numbers of fire extinguishers provided? Consider floor area, special risks, minimum travel distance of 30m.	Yes
12.2	Are the correct types of extinguishers provided for the risks?	Yes
12.3	Are all extinguishers installed and sited in accordance with current guidance?	Yes
12.4	Are appropriate checks carried out on a monthly basis?	Yes
12.5	Are all extinguishers serviced by a qualified engineer every 12 months?	Yes
Firefighting and Firefighter Facilities		
12.6	Are firefighting and firefighter facilities provided, tested and maintained? (Dry/wet rising mains, SIB's, wayfinding signage)	Yes
12.7	Are all systems fully operational and functional?	Yes
12.8	Are all security devices functional? (Sprinkler valves, wet & dry rising mains padlocked etc.)	Yes
12.9	Where sprinklers are fitted are all heads clear of obstructions (500mm clear of stock) and functional?	Yes
12.10	Where firefighting shafts or fire mains are provided are the locations of the inlets/outlets in line with current guidance?	Yes
Firefighting Lifts		
12.11	Are lifts provided for the use of firefighters or evacuation?	Yes
12.12	Are all lift controls functional, tested and maintained?	Yes
12.13	Are any defects to the lift(s) reported to the Fire and Rescue Service? (defects that would affect or impact firefighting operations)	Yes
Facilities and Systems		
12.14	Is there an Emergency Alert System (EAS) for use by the Fire and Rescue Service? If the EAS is not in accordance with BS8629 can it be adapted to provide an EAS on the floor of fire origin, selected floors, or full evacuation? Please provide details.	Yes
12.15	Have up to date floor and building plans been provided to the Fire Service in electronic format, detailing key building information, location of firefighting facilities and equipment?	Yes
12.16	Where appropriate, has a Secure Information Box (SIB) been provided with up to date info, and access keys? Is it in a suitable secure location for access by the Fire Service?	Yes

12.0 Fire Fighting Equipment, Facilities, Systems & Fixed Installations: Finding(s)

Ref	FINDINGS
	Observation
12.15-12.16	As previously identified, the Secure Information Box (SIB) had incorrect information in the "on-arrival information" sheet and the "building emergency evacuation plan", as part of the Emergency Response Pack (ERP). Failure to provide correct information may delay firefighting operations, which could place persons at risk of harm. Note: Examples of incorrect information include stating 7 floors, when the building is 8 overall (Ground and 7 upper floors), and noting that there is no firefighting shaft, when both the firefighting lift and stairs are part of the firefighting shaft). The previous FRA also noted that no floor plans were provided. However, the person consulted advised that commissioned floor plans as per FSE regulations and added to the SIB. Some floor plans were added, but these do not appear to be fully in line with the recognised guidance; however, they have been accepted by the Responsible Person/Duty Holder as being compliant and seem to note the location of fire safety provisions and locations.   
	Recommended Actions
12.15-12.16	It is recommended that the ERP information be updated with the correct information that matches the building correctly. Note: The FIA Code of Practice for the Provision of Premises Information Boxes in Residential Buildings can be used for this to ensure the SIB comply with the England Regulations 2022. This is to assist the local fire and rescue services in planning for and operational response to a fire.
Ref	RECOMMENDATIONS
	Observation
12.2	It is noted that a dry powder extinguisher is provided in the sprinkler plant room. BS5306 Part 8:2012; sec 5.4.3 advised that powder extinguishers should generally not be specified for use indoors due to the discharge of a powder extinguisher within buildings, causing a sudden reduction of visibility and can also impair breathing, which could temporarily jeopardise escape, rescue, or other emergency action. However, the new up-to-date British Standard (BS5306-8:2023) removes all reference to 'risk assessment' and only includes the provision of making persons aware of the risks of using powder extinguishers.  
	Recommended Actions
12.2	It is noted that staff should be made aware of the properties of dry powder extinguishers and the potential hazards of dry powders in confined spaces (see commentary 12.2 for further information).

Ref	COMMENTARY
12.1	There are no fire extinguishers within the common areas. It is not normally considered necessary to provide fire extinguishers or hose reels in the common parts of blocks of flats. Such equipment should only be used by those trained in its use. It is not considered appropriate or practicable for residents in a block of flats to receive such training. In addition, if a fire occurs in a flat, the provision of fire extinguishing appliances in the common parts might encourage the occupants of the flat to enter the common parts to obtain an appliance and return to their flat to fight the fire. Such a procedure is inappropriate.
12.1	The previous FRA raised a finding noting that the fire strategy doesn't appear to consider extinguishers, but it is acknowledged that there are plant rooms where contractors may be present for certain periods of time to conduct maintenance, and for firefighting equipment to be considered. The person consulted advised that a new extinguisher has been provided to the plant room on 26/09/2025. However, see the above recommendation.
12.2	Effects of powder on people, property and the environment: • Powder can reduce visibility in the immediate vicinity of discharge and might impair breathing, either of which could hinder escape. • ABC and BC powders are electrically non-conductive. Class D powders can be electrically conductive. • When discharged onto equipment, powder clings to decorated surfaces, metals, glass, ceramics, grease films, etc. Equipment and spaces contaminated with powder need to be cleaned as soon as possible. Powder, when moistened, can be corrosive. Powder also hangs suspended in still air for some time, and contaminated areas could require cleaning more than once. • Some class D powders are graphite-based. Floor surfaces become very slippery where this is used. Graphite-based powders are black/ dark grey in colour and can stain heavily. • Discharged powder needs to be contained, collected (often by vacuum cleaner) and disposed of safely, in an environmentally acceptable manner.
12.4-12.9	As noted in their standard responses, all firefighting equipment within the scope of Fire Safety England Regs is checked in-house on a monthly basis and any faults rectified by competent persons. Certain systems, like dry risers, are also serviced periodically by a competent person. Also noted is that sprinklers are visually inspected in-house on a monthly basis and serviced annually by a competent contractor.
12.6	Although not specific to the property, the fire strategy notes that a fire hydrant will be available within 90m of the dry riser inlet, which was observed on this visit.
12.6-12.8	A dry-rising main is provided in the front staircase of the property, which is located in the firefighting staircase, with the inlet on the exterior wall to the side of the main entrance. The outlets are located on each floor level within this staircase enclosure only. The fire strategy notes that a fire vehicle will be able to park within 18m and in sight of the dry riser inlet for the apartment building.  
12.8-12.9	A water sprinkler system has been provided within the building throughout all communal areas, plant rooms, throughout flats and the undercroft car park. However, it is not provided in the staircases. The fire strategy notes that the apartment block will be provided with sprinklers. The sprinkler will cover apartments, ground-floor maisonettes, and ancillary areas such as plant rooms and stores. The sprinkler system will comply with BS 9251:2021. The car park in the apartment block will be served by the same system serving the residential levels. It is understood that sprinklers weren't originally planned for the car park, but due to electric charging points, this has required them. The tank is provided in the plant room in the car park.   

12.10	The fire strategy notes that the top floor of the apartment block is more than 18m above ground level. This block will be provided with a firefighting shaft. Which will include the following: • A firefighting stair, at least 1.1m wide. • A firefighting lift, within 7.5m of the stair entrance. • A dry riser located within the stairs with an outlet at all levels, including ground. • A 1m² remotely opening vent at the head of the stairs (AOVs - see 8.2). • Accessed from a smoke-vented corridor or lobby. • 2-hour fire resisting enclosure. The front staircase has access to a lift within 7.5m of the staircase entrance on each floor. The fire strategy and current guidance in BS9991 (what the fire strategy is designed for) seem to indicate the need for all of the above points to be considered as a firefighting shaft, with which the building appears to be compliant.
12.11-12.13	A firefighting lift has been provided within the building, which is accessed from the main entrance foyer area. Adequate controls, signage and provisions appear to be provided. Fire-fighting lift: A fire-fighting lift installation includes the lift car itself, the lift installation within the well and the lift machinery spaces, together with the lift control system and the fire and rescue service communications system. Fire-fighting lift installations should conform to BS EN 81-20 and BS EN 81-72. Both the firefighting lift and stairs are used together during firefighting operations. Because it is the line of retreat if the firefighting lift fails. The firefighting lift may open directly into the protected corridor or protected lobby, but the firefighting lift landing doors should not be placed more than 7.5 m from the firefighting stair. NOTE: A fire-fighting lift, unlike a normal passenger lift, is designed to operate, for as long as is practicable, when there is a fire in parts of the building beyond the confines of the firefighting shaft, as it is used to transport firefighters and their equipment to a floor of their choice. The floors to be served by the firefighting lift are assumed to be determined as part of the design of the building for fire. Firefighting lifts might not need to serve a storey on which there is no entrance to any accommodation or the top storey of the building if it consists exclusively of plant rooms. Pictures reused due to no changes: 
12.11-12.13	As noted in their standard responses, FCHO have confirmed that all lift controls are functional, tested and maintained. Also, it is noted that GMFRS have an online portal to record any issues with key firefighting equipment (that cannot be rectified within 24 hours).
12.14	An Evacuation Alert Control and Indicating Equipment (EACIE) has been installed within the building located in the entrance lobby, which is independent of the fire detection systems, and appears to be in line with the British Standard 8629:2019, Code of Practice for the Design, Installation, Commissioning and Maintenance of Evacuation Alert Systems for use by the Fire and Rescue Service in Buildings Containing Flats, as it is entirely housed within a cabinet to prevent sight of the controls within, and is secured against unauthorised use or casual vandalism. As noted in their standard responses, EAS systems are visually inspected monthly in-house and tested 6 monthly by a competent person. Pictures reused due to no changes: 
12.15-12.16	The Fire Safety (England) Regulations were enacted under article 24. Failure to comply with any requirement or prohibition imposed by regulations made, or having effect as if made, under article 24 may be considered an offence.

12.15-12.16	The secure information box "access and review logbook" had not been reviewed since 22/12/2025. Advice was given on the day to the FCHO representative to ensure the SIB is regularly reviewed, and the date of review is added to this sheet as evidence. The log was updated and reviewed by the FCHO representative at the time of this FRA and dated as 26/04/2026. As noted in their standard responses, on applicable buildings, GMFRS have copies of floor plans; hard copies are also available in the SIB. Plaques are wall-mounted adjacent to the SIB with a basic floor plan and the location of firefighting equipment. FCHO have installed SIBs in all relevant blocks. The contents are reviewed every month to ensure it remains up to date and in line with guidance.
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13.0 Fire Safety Signs and Notices

13.1	Do signs indicate all final exits?	Yes
13.2	Can the final exit or a directional sign be identified from any position in the assessment area?	Yes
13.3	Are all signs in the correct position, suitably fixed and directional arrows correct? (Can the way out be found just by using signs alone?)	Yes
13.4	Are the signs the correct size for the areas where they are located?	Yes
13.5	In places of public assembly are all escape signs illuminated on maintained luminaires?	N/A
13.6	Are fire action notices displayed prominently and completed fully throughout the premises?	Yes
13.7	Are all fire action notices similar throughout the premises?	Yes
13.8	Does the content of the fire action notices reflect the actual procedure?	Yes
13.9	Where firefighting equipment or fire alarm call points are not clearly visible is their location highlighted by supporting signage?	N/A
13.10	Are all fire doors signed appropriate to their use i.e. Fire Door Keep Locked Shut, Fire Exit Keep Clear etc.?	Yes
13.11	Where required, are external fire assembly points signs prominently displayed?	N/A
13.12	Are "No Smoking" signs and procedures in place to ensure there is no smoking in work or public places? (The Smoke Free (Premises and Enforcement) Regulations 2006)	Yes
13.13	Are all signs legible and in good condition?	Yes
13.14	Do all signs comply with the EN 7010:2011 where necessary?	Yes
13.15	Has wayfinding signage been provided to clearly indicate floor levels, flat numbers from within the staircase(s) and each floor level?	Yes
13.16	Is the signage in line with the ADB revisions 2020?	Yes

13.0 Fire Safety Signs and Notices: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	Observation
13.15-13.16	Although wayfinding is installed and could be considered appropriate and in line with recognised guidance, there are areas on each floor that may benefit from wayfinding signage being installed. These include: • The staircase landings, which currently have floor numbers but no flat numbers. It is acknowledged that wayfinding signage is provided directly behind the staircase doors in front of the firefighting lifts on each floor, which can be seen through the glazing to the staircase doors from the staircase, and • The firefighting lift area, where the corridor splits into two directions to access flats on either side. At this T-junction in the corridor, flats are located on either side, with one side only containing 1 or 2 flats, and the remaining flats located on the other side of the corridor. • The signage on the ground floor indicates flats 1-5 in the staircase, which are in fact externally accessed at the side of the building. Pictures showing floor numbers in the firefighting shaft staircase, the wall at the T-junction to flats and the flats 1-5: 
	Recommended Actions
13.15-13.16	It is recommended that either: • Wayfinding signage is installed as noted in the areas above, along with signage to be clearer on flat locations, or • The fire service is consulted to ensure the current signage in place is adequate.

Ref	COMMENTARY
13.0	'Do not use the lift in the event of fire', signage was displayed at each floor level adjacent to the lift doors, at the time of the visit.
13.0	The previous FRA raised a finding noting that the dry-rising main outlets are not signed as per BS9990. The person consulted advised that new signage has been added. Signage was in place on this visit. 
13.0	The previous FRA raised a finding noting that the push bar exits were not adequately signed to indicate the need to push the bars to open. The person consulted advised that new signage has been added. On this visit, signage was in place. 
13.1	The fire exit signage throughout the building was found to be satisfactory. Also, escape signage is incorporated within the emergency lighting units and is considered suitable.
13.6-13.8	Fire action notices are displayed in the communal area advising of the correct stay put/safe strategy recommended for the building. 
13.10	Fire door signage was present where relevant.
13.12	Signs to indicate no smoking are displayed within the building.

13.15-13.16

Wayfinding signage:

The Pre-Occupancy Fire Safety Assessment raised a finding concerning no wayfinding signage installed. On-site observations showed that new signage has been installed, which appears to follow the current guidance under Approved Document B and the Fire Safety England Regulations 2022. Supplementary signage was also provided at the main entrance to indicate what the building contained, and to show flats per floor. However, see the above action raised.

Note: Signage wasn't fully checked against the current guidance, e.g. correct text sizes and font, but it is reasonable to assume the newer signage meets the requirements within the guidance.

As noted in their standard responses, wayfinding signage has been installed in all blocks over 11m, which is monitored and maintained through fire safety inspections.

Pictures reused due to no changes:



14.0 General Fire Safety Procedures

14.1	Has the premises been free from reports of any fire related incidents within the past 12 months?	Yes
14.2	Has action been taken to avoid reoccurrence?	N/A
14.3	Has the premises been free of any fire alarm actuations within the past 12 months?	Yes
14.4	Where necessary has any action been taken to prevent reoccurrence?	N/A
14.5	Have there been any incidents of deliberate ignition by employees or arson attacks?	No
14.6	Are procedures in place to inform relevant persons of the need to report any potential fire hazards?	Yes
14.7	Is there a fire policy for the premises/organisation that clearly defines the roles and responsibilities of who will contribute to overall fire safety management?	Yes
14.8	Has the fire service inspected or had any formal meetings, familiarisation visits, operational crew/CFS visits within the last 12 months?	No
14.9	Were any recommendations, enforcement or prohibition notices served?	N/A
14.10	Have all recommendations and notices been complied with?	N/A
14.11	Is adequate access provided for fire service vehicles in the event of an emergency?	Yes

14.0 General Fire Safety Procedures: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
14.1-14.5	Since the previous fire risk assessment was undertaken, there have been no reports of fire that our consultant was made aware of, and there was no evidence of any fires having occurred. Any reports of fire or false alarms should be fully investigated, and where necessary, control measures implemented to reduce the possibility of further occurrences. Following any outbreak of fire affecting the premises, the Fire Risk Assessment should be reviewed to identify if any further risk reduction measures are necessary.
14.6-14.7	The overall responsibility for fire safety rests with the Chief Executive of FCHO.
14.6-14.7	As noted in their standard responses, all front-line staff have regular training on identifying and reporting Building safety issues. FCHO also have a mandatory Occurrence reporting procedure, which has been trained out to all applicable staff. FCHO have a Fire Safety Compliance Policy that is reviewed regularly. This is supported by a detailed Fire Management Plan, which clearly defines roles and responsibilities and details every aspect of managing fire safety.
14.8	Our assessor was not made aware that there were any outstanding notices of deficiencies/enforcement action from the enforcing authority. The findings of this Fire Risk Assessment should form the basis of an action plan and be implemented within the recommended timescales. The significant issues identified may become enforceable if not acted on in a reasonable period of time.
14.11	As noted in the fire strategy, a fire vehicle will be able to park within 18m and in sight of the dry riser inlet for the apartment building. A fire control switch is provided externally at the front entrance to the block for use by the fire service. 

15.0 Fire Safety Management

15.1	Are there an adequate number of appointed competent persons and arrangements (under Article 18 of the RRFSSO) in place to assist the responsible person in the management and implementation of the preventative and protective measures? (safety assistance)	Yes
15.2	Has an Accountable Person been appointed? Where there is more than one accountable person, are there procedures in place ensuring that all accountable persons co-operate with each other?	Yes
15.3	Have all staff been trained in how to call the Fire Service, use of fire extinguishers, evacuation procedures and basic fire awareness?	N/A
15.4	Do all new employees receive basic fire procedure and induction training on the date of appointment?	N/A
15.5	Are records of fire safety training kept?	N/A
15.6	Are systems and procedures in place to control any new work, alterations or repairs to the premises, so that no fire hazards are introduced?	Yes
15.7	Is a "permit" to work procedure in place for contractors etc.?	Yes
15.8	Where an alterations notice is in force has the enforcing authority been informed prior to any significant changes being made?	N/A
Fire Marshals & Fire Plans		
15.9	Are fire marshals required to take charge of a fire incident and liaise with the Fire Service where required?	N/A
15.10	Is there a list of fire marshals displayed in all locations where required?	N/A
15.11	Are systems in place to provide identification for fire marshals during an emergency where required?	N/A
15.12	Has a suitable fire assembly point been designated? (i.e. free from traffic hazards, radiated heat and free movement away from the premises)	N/A
15.13	Do the premises require a written fire emergency plan detailing the roles and responsibilities in order to safely evacuate?	N/A
15.14	Where required, is the fire emergency plan displayed on the premises?	N/A
15.15	Are there procedures for calling out key staff during fire related emergencies outside of normal working hours?	Yes

15.0 Fire Safety Management: Finding(s)	
Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
15.0	As noted in their standard responses: • FCHO has resident engagement strategies for all its applicable buildings. • FCHO is the only responsible person. • FCHO provide regular communications to their residents in line with Fire Safety England Regs. • FCHO have a good working relationship with their local fire service. Information is provided under the Fire Safety (England) Regulations, as well as any other information requested as a result of an incident or inspections. • FCHO supplies information to the BSR as directed under the Building Safety Act.
15.1-15.2	As noted in their standard responses, FCHO have a Property Safety Team who manage outcomes from FRAs; much of the work raised within FRAs requires significant investment and or requires specific competency. The work is being delivered on a risk-based approach by their Investment team through specialist contractors. Also noted is that FCHO is the accountable person for all premises.
15.1-15.2, 15.6-15.7	It should be noted that work on fire protection systems ought to be carried out in accordance with the relevant standards for the system being repaired/installed. The person carrying out such alteration/installation has a duty to take general fire precautions to ensure the premises remain safe under Article 5 (3) of the Regulatory Reform Fire Safety Order 2005, so far as the requirements relate to matters within their control, during any installation, repair and maintenance.
15.6-15.7	As noted in their standard responses, FCHO have procurement processes in place to ensure that work undertaken by external contractors considers fire safety (where applicable). FCHO operation staff have training to ensure their work does not introduce fire hazards and promotes reporting of any findings to the Property Safety Team. Also noted is that FCHO does have a permit system. Should the Responsible Person/Duty Holder appoint their own contractors for any building works, it is advised that they confirm their competence to undertake the proposed works. To ensure appropriate competencies and quality of work, it is advised that the contractor has suitable Third-Party Accreditation. Their impact on the building should be closely monitored with regard to (amongst others) damage to party walls, the introduction of sources of ignition and combustible materials, the blocking of exit routes, or fire doors being wedged open. If hot work is to be undertaken, ensure the contractor has appropriate risk assessments, method statements, and fire extinguishers in place before commencing the work. Carry out an inspection of the work area at least 30 minutes after the work has finished, to check for any hot spots. As fires are more frequent during refurbishment and/or alteration, it is important that any additional risks are evaluated, particularly when the building is occupied. Contractors have a duty to carry out a risk assessment and inform the client of any findings and of the remedial measures identified.
15.15	As noted in their standard responses, FCHO have an emergency call-out service where a manager takes responsibility out of hours. With the call-out pack, key members of staff have their personal numbers should an emergency arise. This includes the Fire Safety Manager and the Fire Safety Officer.

16.0 Fire Evacuation Plan

16.1	Is there a current, suitable fire evacuation procedure for all residents (and occupants) to follow in the event of a fire, and has this been communicated to all residents?	Yes
16.2	If the premises operates a "stay put" policy, is this suitable?	Yes
16.3	In multi-occupied buildings do all the fire evacuation procedures complement each other?	N/A

16.0 Fire Evacuation Plan: Finding(s)

Ref	FINDINGS
	None.
Ref	RECOMMENDATIONS
	None.
Ref	COMMENTARY
16.1-16.2	The fire-resisting construction of the flats means an outbreak of fire is likely to be contained within the flat of origin. The high degree of compartmentation means other residents are in a reasonably safe place within their own flat while a fire in an adjacent flat is dealt with. There is a fire alarm system installed with detectors provided in the common area; however, this is a silent system in the residential areas. As there is no audible fire alarm in the residential common areas, the only alarm a resident will hear is the one in their flat (if fitted). This is, in effect, the same as a 'stay put' policy and is most appropriate for these types of premises. However, there are a small number of deficiencies identified relating to the passive fire protection measures (see findings in Section 9) which may impact on the containment of fire from the area/compartment of fire origin. Currently, it is deemed that there is an increased risk to life for occupants whilst a 'stay put' policy remains. The overall risk to life is detailed in Section 3. The Fire Safety Order requires that there should be a suitable emergency action plan for the premises. The Fire Safety (England) Regulations 2022 also require the Responsible Person to display and communicate the fire actions to all residents. Fire safety instructions must be provided in a conspicuous part of the building. The instructions must be in a comprehensible form that residents can reasonably be expected to understand and should cover the following: • The evacuation strategy for the building (e.g. stay put or simultaneous evacuation). • Instructions on how to report a fire (e.g. use of 999 or 112, the correct address to give to the fire and rescue service, etc.). • Any other instruction that informs residents what they must do when a fire has occurred. In addition, these instructions should be provided to residents when first occupying their flat and reissued to all existing residents at periods not exceeding 12 months. Residents ought to have a clear understanding of what actions to take should a fire situation change, and they need to evacuate the building. It is not implied that those not directly involved who wish to leave the building should be prevented from doing so. Nor does this preclude those evacuating a flat that is on fire from alerting their neighbours so that they can also escape if they feel threatened.
16.1-16.2	The fire strategy notes that the building will operate a 'defend in place' strategy where only the apartment on fire will be evacuated in the first instance. If necessary, residents can be evacuated floor by floor using the control and evacuation equipment (EACIE), but this is only to be operated by the fire and rescue service.

Fire Emergency Plan FLATS

STAY PUT POLICY

GENERAL ADVICE TO RESIDENTS

This building has been built in such a way as to protect the people in it if a fire breaks out.

The important thing to remember is that if the fire starts in your home, it is up to you to make sure that you can get out of it.

AT ALL TIMES

- Make sure that the smoke alarms in your flat are tested.
- Do not store anything in your hall or corridor, especially anything that will burn easily.
- Use the fixed heating system fitted in your home. If this is not possible, only use a convector heater in your hall or corridor. Do not use any form of radiant heater there, especially one with either a flame (gas or paraffin) or a radiant element (electric bar fire).

IF A FIRE BREAKS OUT IN YOUR FLAT

If you are in the room where the fire is, leave straightaway, together with anybody else, then close the door.

- Do not stay behind to try to put the fire out, unless you have received suitable training.
- Tell everybody else in your flat about the fire and get everybody to leave.
- Close the front door and leave the building.
- CALL THE FIRE SERVICE.

IF YOU SEE OR HEAR OF A FIRE IN ANOTHER PART OF THE BUILDING

- It will usually be safe for you to stay in your own home.
- You must leave your home if smoke or heat affects it OR you are instructed to do so by the Fire Service. Close all doors and windows.

CALLING THE FIRE SERVICE

The Fire Service should always be called to a fire, even if it only seems to be a small fire. This should be done straight away.

The way to call the fire service is by telephone as follows.

- 1) Dial 999.
- 2) When the operator answers give the telephone number you are ringing from and ask for the FIRE service.

When you are put through to the fire service, tell them clearly where the fire is:

Vale House, Summervale Close, Oldham, OL9 6DQ

Do not hang up until the fire service have repeated the address to you and you are sure they have got it right. The fire service cannot help if they do not have the address

THE ABOVE PROCEDURE SHOULD BE COMMUNICATED TO EACH RESIDENT.

17.0 Risk Analysis, Priority Ratings and Fire Risk Ratings

Each action required has been given a **priority rating of between 1 and 3** based upon the following:

Note: The time scales given below are for the responsible person(s) to take action on the findings NOT the time scale to complete the resulting works from the findings.

Priority 1 (P1)	A serious breach of the Fire Safety Order which if not actioned would increase the risk of fire or injury. Failure to reduce the risk could result in substantial injury to relevant persons. Actions or omissions of this nature would normally constitute an offence liable to enforcement or prosecution actions by the Fire Authority. The time scales given are normally short – from immediate up to one month.
Examples include:	Blocked or locked fire exits, serious breaches of life safety fire resistance, ineffective fire doors, insufficient or complete failure of fire alarm, emergency lighting or smoke venting systems.
Priority 2 (P2)	A lesser breach of the Fire Safety Order or property risk, which if not resolved may present a risk of fire or injury. Failure to reduce the risk could result in a moderate injury to relevant persons. Compliance may still be required to satisfy enforcing authorities but longer time scales are given, such as 2 to 4 months.
Examples include:	Breaches in compartmentation. Firefighting equipment missing or defective, minor defects to the fire alarm or emergency lighting systems.
Priority 3 (P3)	Poor practices or features that whilst not presenting a serious risk would detract from the overall impact on the fire safety provisions within the premises. Also includes provision or practices and features that are preferable over and above the minimum standards required under the Fire Safety Order. Time scales are variable and could be up to 12 months. The acts or omissions would normally be tolerable but actions should still be implemented to maintain the risk level at a tolerable level.
Examples include:	Missing or incomplete fire signage, incomplete maintenance logs.
The fire risk assessment process involves an assessment of the likelihood of an event (generally outbreak of fire) combined with an assessment of the severity should the event be realised, the severity being classified as negligible, tolerable, moderate, substantial or intolerable. Each finding identified has been given an appropriate risk rating, which is then prioritised accordingly on the action plan. Once all the findings have been identified the premises are given an overall Life and Property risk rating based on the expert opinion, experience and training of the fire safety consultant conducting the assessment.	

Definitions:	
Hazard:	An article, substance, machine, installation or situation with potential to cause harm, loss or both. A fire hazard is a hazard that has the potential to cause a fire or promote fire development and/or spread.
Risk:	A measure of the probability that the potential for harm or loss posed by the hazard will materialise, combined with the potential extent and severity of the harm and/or damage that may result.
Harm:	Physical injury, death, ill health, property and equipment damage and any form of associated loss, which could cause harm.
To determine the risk rating two main areas are considered, the likelihood of an outbreak of fire and the potential for that outbreak to cause harm to persons, property and business continuity. The likelihood of fire outbreak is given a rating of highly unlikely, unlikely and likely, this is then multiplied by the harm potential rating of slight, moderate and serious harm. The level of fire risk is then quantified as negligible, tolerable, moderate, substantial or intolerable. The subjective risk rating is calculated and the risk level determined within the following parameters:	
Negligible Risk	Where the combination of severity of harm and likelihood is very low and there is minimal risk to people's lives. The risk of a fire occurring is rare and the potential for fire spread is negligible, also where the overall fire safety management is of a high standard. No further action is normally required unless circumstances change. A reassessment should take place on the review date.
Tolerable Risk	Where the present systems, facilities or management procedures are reasonably satisfactory at the time of the assessment. Escape should be carried out unaided with effective fire safety management procedures in place. Possible minor actions may be required, with a reassessment being conducted at the review stage.
Moderate Risk	The present systems, facilities or management is unsatisfactory in some areas. Where a fire could occur and the available time needed to evacuate may be reduced by the speed of the development of fire, also where the reaction time of occupants may be slower because of the type of persons present e.g. sleeping, elderly or infirm or where there are large numbers of persons or complex escape routes. Remedial actions will be required with some control measures being implemented. A reassessment should be made once the control measures have been put in place.
Substantial Risk	Where the combination of severity and probability is high and urgent action must be taken to reduce the risk. Where a fire is likely or highly likely to occur and the spread of fire development would be such that the available escape time would be substantially reduced. Premises identified with substantial risk areas will normally require the provision of considerable resources in the form of equipment, training, information and management to mitigate the risks.
Intolerable Risk	Where the combination of severity and probability is such that extreme harm or death will occur and there is a real threat of an outbreak of fire. Action must be taken to immediately reduce the risk, ideally to a tolerable level. If this cannot be achieved, then consideration must be given to prohibiting or limiting the use of all or part of the premises until such risks can be reduced. Reassessment is required following implementation of the immediate or interim control measures.

The Probability of Fire depends on the number and nature of ignition sources, the extent of and any fire prevention measures and the nature and actions of the occupants. The Probability and Extent of Harm should a fire occur depends on the quality of the means of escape, number of storeys, complexity of the premises and mobility of the occupants.

Based upon the findings identified above, application of current fire safety codes and practice, experience and knowledge the following risk areas have been quantified.

FIRE RISK RATING MATRIX

LIKELIHOOD OF FIRE OUTBREAK	LIKELY CONSEQUENCES OF FIRE			
	Subjective Fire Risk Rating	Slight Harm	Moderate Harm	Serious Harm
	Highly Unlikely	Negligible Risk	Tolerable Risk	Moderate Risk
	Unlikely	Tolerable Risk	Moderate Risk	Substantial Risk
	Likely	Moderate Risk	Substantial Risk	Intolerable Risk

18.0 Summary of Findings

Ref	Hazard or Defect	Action Required	Hazard Priority	Risk Rating	Action By	Review Date	Contractor Completed
9.5	Several communal fire doors had deficiencies that were identified on this assessment. See 9.5 for further details.	As part of the building fire door audit by a competent person, any deficiencies identified should be rectified.	P2 - previously identified	Moderate			
9.5	Flat 27's entrance door was found to be missing its letterbox and instead was sealed over, potentially by the resident with unknown materials.	It is recommended that this be investigated and the aperture for the letterbox be either sealed up with the appropriate fire-rated materials or the letterbox be reinstalled to its original specification.	P1	Moderate			
9.8	There were a small number of minor deficiencies with compartmentation within the building. See 9.8 for further details.	It is recommended that the areas identified are opened and checked, and adequate fire stopping is undertaken to ensure the required fire resisting standard is achieved and the materials are installed within their limitations.	P3	Moderate			
12.15-12.16	The Secure Information Box (SIB) had incorrect information in the "on-arrival information" sheet and the "building emergency evacuation plan", as part of the Emergency Response Pack (ERP). See the full finding for further details.	It is recommended that the ERP information be updated with the correct information that matches the building correctly.	P2 - previously identified	Moderate			

19.0 Recommendations

Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
6.13	An extension lead was found plugged into another extension lead (daisy chaining), within the contractor's office/plant room area on the 1st floor.	'Daisy chaining' of extension leads should be prohibited. It is recommended that additional fixed mains electrical sockets be fitted to reduce the number of extension leads and similar items required.	Moderate	
9.18	The bin refuse room door was found to be left unlocked and open, allowing access to unauthorised persons.	It is recommended that the doors remain secured. Residents and onsite staff ought to be reminded of the need to keep entrance doors to buildings locked shut to prevent unauthorised access.	Moderate	
10.2	There did not appear to be a Grade D smoke detection in the hallway of flat 51.	A competent person should visit the flat to check and, where appropriate, install a Grade D smoke detection in the hallway of flat 51.	Moderate	
12.2	It is noted that a dry powder extinguisher is provided in the sprinkler plant room.	It is noted that staff should be made aware of the properties of dry powder extinguishers and the potential hazards of dry powders in confined spaces (see commentary 12.2 for further information).	Tolerable	
13.15-13.16	Although wayfinding is installed and could be considered appropriate and in line with recognised guidance, there are areas on each floor that may benefit from wayfinding signage being installed. See the full finding for the locations.	It is recommended that either: Wayfinding signage is installed as noted in the areas above, along with signage to be clearer on flat locations, or the fire service is consulted to ensure the current signage in place is adequate.	Moderate	

20.0 Commentaries

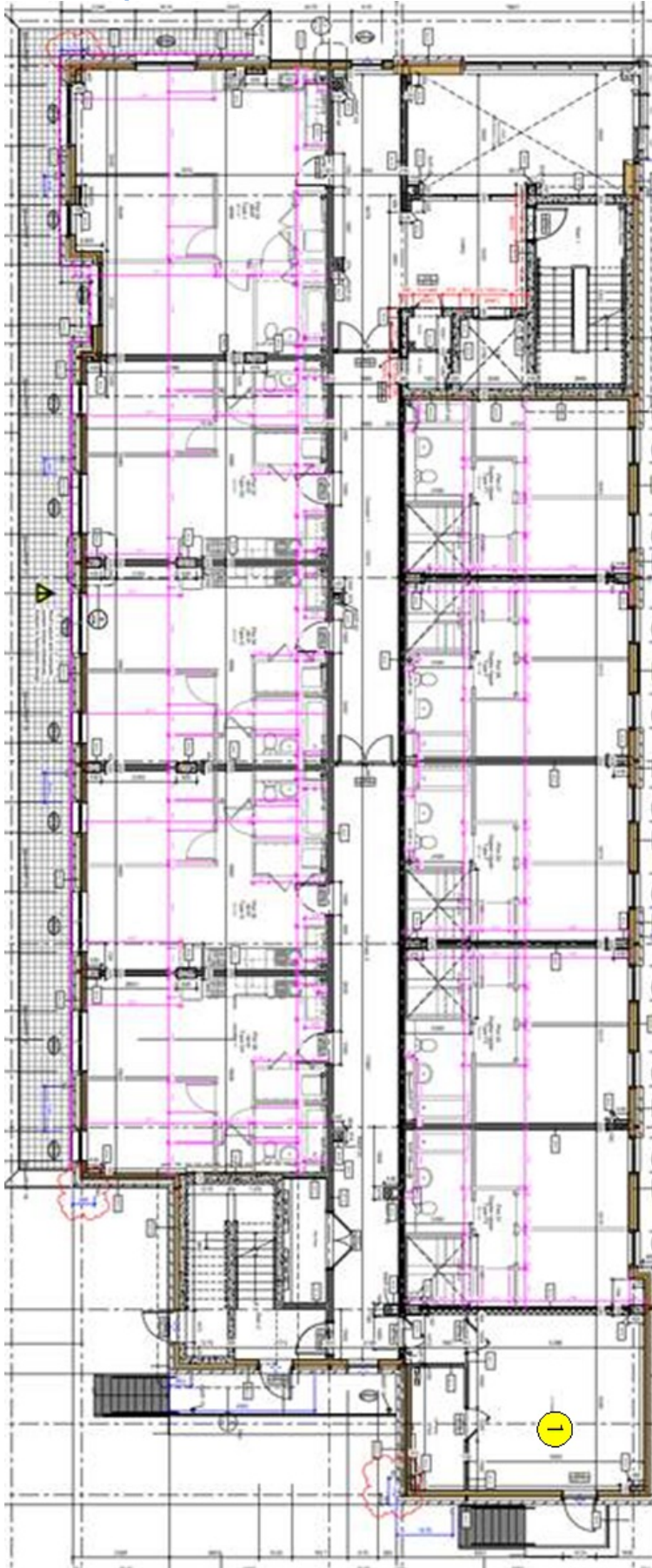
Ref	Observation	Recommended Action	Risk Rating	Contractor Completed
THERE WERE NO COMMENTARIES.				

Appendix

Ground floor plan



1st floor plan



1 Heating and Electrical Appliances - 6.13

No Image

2nd-6th floor plan



7th floor plan

