

# HOME FIRE SAFETY VISIT RISK RATING FORM



**SCOTTISH  
FIRE AND RESCUE SERVICE**

Working together for a safer Scotland

The information provided in this form will be confidential to the Scottish Fire and Rescue Service and will be used for risk rating purposes only. All information contained will be held securely in accordance with current Data Protection legislation.

Name:  Date of Birth:

Address:  Postcode:

Contact Number:

Property Ownership: Owner Occupied  Local Authority  Details

Private Let  Housing Association  Details

How did you hear about HFSV?

## ALL QUESTIONS MUST BE COMPLETED - Please tick the appropriate box

- 1 Do you have a 'WORKING' smoke alarm?  Yes  No
- 2 What age category are the members of your household?  Over 65  51-64  Under 50
- 3 Is anyone regularly at home during the day?  Yes  No  Sometimes
- 4 How many adults are in the home?  1  More than 1
- 5 Are there any children under 16 in the house?  1 to 2  More than 2  None
- 6 Does anyone smoke inside the house?  Yes  No
- 7 How often in a week do people within the household consume alcohol?  0  1-2 times  More than twice
- 8 Does anyone in the house have a fascination with fire?  Yes  No
- 9 Have you ever had a fire in the home?  Yes 1  Yes more than 1  None
- 10 Do you use a traditional chip pan or other deep fat cooking method e.g. Wok, Karahi etc?  Yes  No
- 11 Does anyone in the household cook late at night? (after 9pm)  Yes  No
- 12 Do you use candles, tea light candles or scented oil burners?  Yes  No
- 13 Do you use adapters/extension cables on electrical sockets?  Yes  No
- 14 Does anyone in the household have any long-term health or mobility issues?  Yes  No
- 15 Is there medical oxygen used or stored in the home?  Yes  No
- 16 Does your household have a plan of what to do in the event of a fire?  Yes  No
- 17 Is everyone in the household aware of this plan?  Yes  No  N/A
- 18 Has this request been referred from a partner agency?  Yes(Previsit)  Yes(Postvisit)  No
- 19 Risk Rating Carried Out? (select NO only when it is not possible to complete the above Risk Rating form)  Yes  No

## Referrers Details - MUST BE COMPLETED PRE-VISIT

Partner Referral  Self Referral  PDIR  Incident Number (If PDIR):

Organisation Name:  Contact Name:  Tel. No:

Any other relevant Risk information:

*Disabilities, visual or hearing impairment. Joint visit required etc.*

This form should be returned to your local Community Fire Station. Or, for further information, call 0800 0731 999.

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## POST VISIT DETAILS (FOR STATION USE ONLY)

Station:  Group/ Watch:

Date of Visit:

Time Taken: Travel  Hrs  Mins

Time Taken: Visit  Hrs  Mins

Time Taken: Admin  Hrs  Mins

Property Type:

<input type="checkbox"/> Detached	<input type="checkbox"/> Semi Detached	<input type="checkbox"/> Terraced Housing
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Bungalow - Sheltered Housing	<input type="checkbox"/> House in Multiple Occupation
<input type="checkbox"/> Other Residential	<input type="checkbox"/> Flat - Sheltered Housing	<input type="checkbox"/> Flat - Tenement
<input type="checkbox"/> Flat - Highrise	<input type="checkbox"/> Flat - Sheltered Housing/Other	<input type="checkbox"/> Shared Housing - Student
<input type="checkbox"/> Mobile Home (Caravan)	<input type="checkbox"/> Static Home (Caravan)	

Age of Occupants:

<input type="checkbox"/> Under 5 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> 11-16 years
<input type="checkbox"/> 17-30 years	<input type="checkbox"/> 31-64 years	<input type="checkbox"/> Over 65 years

Smoke Alarms Existing:

<input type="checkbox"/> None Fitted	<input type="checkbox"/> Battery operated/satisfactory	<input type="checkbox"/> Battery missing/discharged
<input type="checkbox"/> Mains operated/satisfactory	<input type="checkbox"/> Mains operated/defective	<input type="checkbox"/> Number of existing alarms prior to visit

Other Alarms Existing:

Alarms Fitted:

<input type="checkbox"/> Long Life Smoke Alarms Fitted	Alarm Make <input type="text"/>	Model <input type="text"/>	Batch Number <input type="text"/>
<input type="checkbox"/> Heat Alarms Fitted	Alarm Make <input type="text"/>	Model <input type="text"/>	Batch Number <input type="text"/>
<input type="checkbox"/> Other	Alarm Make <input type="text"/>	Model <input type="text"/>	Batch Number <input type="text"/>

Safety Equipment Fitted:

Additional Information:

Form Completed by:

HFSV Carried out by: