

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:	<input type="text"/>	Date of Birth:	<input type="text"/>
Address:	<input type="text"/>	Postcode:	<input type="text"/>
		Contact Number:	<input type="text"/>
Property Ownership:	Owner Occupied <input type="checkbox"/>	Local Authority <input type="checkbox"/>	Details <input type="text"/>
	Private Let <input type="checkbox"/>	Housing Association <input type="checkbox"/>	Details <input type="text"/>
How did you hear about HFSV?	<input type="text"/>		

ALL QUESTIONS MUST BE COMPLETED - Please tick the appropriate box

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

Referrers Details - MUST BE COMPLETED PRE-VISIT

Partner Referral <input type="checkbox"/>	Self Referral <input type="checkbox"/>	PDIR <input type="checkbox"/>	Incident Number (If PDIR): <input type="text"/>
Organisation Name: <input type="text"/>	Contact Name: <input type="text"/>	Tel. No: <input type="text"/>	
Any other relevant Risk information:	<input type="text"/>		

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

HOME FIRE SAFETY VISIT RISK RATING FORM



SCOTTISH
FIRE AND RESCUE SERVICE

Working together for a safer Scotland

POST VISIT DETAILS (FOR STATION USE ONLY)

Station:	<input type="text"/>			Group/ Watch:	<input type="text"/>		
Date of Visit:	<input type="text"/>						
Time Taken: Travel	<input type="text"/>	Hrs	<input type="text"/>	Mins			
Time Taken: Visit	<input type="text"/>	Hrs	<input type="text"/>	Mins			
Time Taken: Admin	<input type="text"/>	Hrs	<input type="text"/>	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:	<input type="text"/>						
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:	<input type="text"/>						
Additional Information:	<input type="text"/>						
Form Completed by:	<input type="text"/>						
HFSV Carried out by:	<input type="text"/>						

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