



FIRE RISK ASSESSMENT



St Dunstan's
College

Fire Risk Assessment

| Regulatory Reform (Fire Safety) Order 2005 Fire Risk Assessment | |
|--|---|
| Establishment name | St Dunstan's College |
| Name of Responsible Person <small>(e.g., employer/person having control of the premises)</small> | Mr Nick Hewlett, Head St Dunstan's College |
| Address | Stanstead Road London SE6 4TY |
| Main use of premises | School |
| Person(s) consulted <small>(The person(s) named are the nominated person(s) assigned by the school to liaise with and provide all necessary information, documentation and access to all areas required to form the basis of this assessment)</small> | Saffron Hutt, Chief Operating Officer St Dunstan's College Mark Bacon, Director of Estates St Dunstan's College |
| Name of assessor | Afshan Shah AIFireE XSELV Ltd |
| Contact details of assessor | ashah@xselv.co.uk |
| Report validated by | John Throssell CMIOSH (rtd.) |
| Date of fire risk assessment | 15 th February 2023 |
| Date of previous fire risk assessment | 11 th August 2022 |
| Suggested date for review <small>(The original fire risk assessment should be reviewed again by a competent person by the date indicated or at such earlier time as there is reason to suspect that it is no longer valid or if there has been a significant change in the matters to which it relates or if a fire has occurred)</small> | 15 th February 2024 or sooner e.g., if there are alterations to the buildings relating to the: <ul style="list-style-type: none"> structure, fabric, or layout use type of persons occupying activities, processes conducted |

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| Assessor's signature | | Date | 16 th May 2023 |
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This report is intended to assist you in compliance with Article 9 of the Regulatory Reform (Fire Safety) Order 2005 (the "Fire Safety Order"), which requires that a risk assessment is carried out.

The purpose of this report is to provide an assessment of the risk to life from fire in these premises, and, where appropriate, to make recommendations to ensure compliance with fire safety legislation. The report does not address the risk to property or business continuity from fire.

An assessment of the structural fire compartmentation is based upon a visual non-intrusive inspection and should not be considered a structural survey.

This fire risk assessment will not necessarily identify all minor fire stopping issues that might exist within the building. If you become aware of other fire stopping issues, or are concerned about the adequacy of fire stopping, you might consider arranging for an invasive survey by a competent specialist.

In relation to fire dampers, a full investigation of the design of heating, ventilation and air conditioning systems is outside the scope of this fire risk assessment.



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GENERAL INFORMATION

THE PREMISES

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| <p>Number of floors at ground level and above</p> | <p>Main building constructed of brick with 4 storeys above ground level and a basement including the refectory of steel frame and mainly glazed panel construction on part of basement and ground level</p> <p>The Junior School and STEM building is a new building constructed of brick with 4 levels. The old 3 storey Junior School building is of brick construction and is connected to the STEM building at upper ground and first floor level and also has a residential flat on the top floor which was not accessed during this assessment</p> <p>The Leisure Centre comprises a 2 storey Sports Hall of brick construction, a 2 storey Changing block of brick construction and a single storey swimming block of brick construction and glass roof</p> <p>The Wellness Centre is a single-story building of brick construction</p> <p>The Outdoor store and Navy Hut is a 2 storey building of brick construction</p> |
| <p>Number of floors entirely below ground level</p> | <p>1 Main building</p> |
| <p>Floors on which car parking is provided</p> | <p>External car parking area within grounds with a underground parking section under the dining hall</p> |
| <p>Approximate floor area</p> | <p>Main building – 7000m² Junior School and STEM building – 6000m² Sports Hall – 880m² Swimming pool – 820m² Junior School old building – 600m² Outside store and Navy Hut – 575m² Changing block – 400m²</p> |



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| | Lodge – 370m ² Wellness Centre – 260m ² |
| Brief details of construction and layout | See above |
| Areas not accessed at time of assessment and reasons | Those highlighted on fire drawings and residential flat in Junior School old building |

THE OCCUPANTS

| | |
|---|---|
| Approximate number of employees at any one time | ~ 180 |
| Maximum number of other occupants at any one time (include members of the public, pupils, etc.) | ~ 1300 |
| Approximate total number of people present in the building at any one time | ~ 2200 |
| Times building occupied | Main College (during term time) Mon – Fri 06:30 – 19:00 occasional functions open later Sat 08:00 – 14:00 Leisure Centre (during term time) Mon - Fri 06:30 – 21:00 Sat and Sun 08:00 – 16:00 |

OCCUPANTS ESPECIALLY AT RISK FROM FIRE

| | |
|---|---|
| Sleeping occupants | Ad hoc - approximately 4 nights per month in Junior School old building flat |
| Disabled employees | None |
| Other disabled occupants | None |
| Occupants in remote areas and lone workers | ~ Occasional when opening and closing College Lone Working Policy in place |
| Young persons employed (e.g., WES, apprentices, etc.) | Individual risk assessments completed |
| Others | None |
| Fire loss experience | None |

RELEVANT FIRE SAFETY LEGISLATION

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| The following fire safety legislation applies to these premises: | |
| Regulatory Reform (Fire Safety) Order 2005 | |
| The above legislation is enforced by: | |



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| London Fire Brigade | | | |
| Other legislation that makes significant requirements for fire precautions in these premises [(other than the Building Regulations 2010 (as amended))]: | | | |
| Refer to References on last page of this assessment | | | |
| The other legislation referred to above is enforced by: | | | |
| Health and Safety Executive (HSE) | | | |
| | Y | N | NA |
| Is there an alteration notice in force? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Relevant information and deficiencies observed: | | | |
| | | | |
| OVERALL ASSESSMENT OF RISK | | | |
| Taking into account the fire prevention measures observed at the time of this risk assessment, it is considered that the hazard from fire (likelihood of fire) at these premises is: | | | |
| LOW <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HIGH <input type="checkbox"/> | <p>Low: Unusually low likelihood of fire as a result of negligible sources of ignition</p> <p>Medium: Normal fire hazards (e.g., potential ignition sources) for this type of occupancy, with fire hazards generally subject to appropriate controls (other than minor shortcomings)</p> <p>High: Lack of adequate controls applied to one or more significant fire hazards, such as to result in significant increase in the likelihood of fire</p> | | |
| Taking into account the nature of the premises and the occupants, as well as the fire protection and procedural arrangements observed at the time of this fire risk assessment, it is considered that the consequences for life safety in the event of fire would be: | | | |
| SLIGHT HARM <input type="checkbox"/> MODERATE HARM <input checked="" type="checkbox"/> EXTREME HARM <input type="checkbox"/> | <p>Slight harm: Outbreak of fire unlikely to result in serious injury or death of any occupant (other than one sleeping in a room in which a fire occurs)</p> <p>Moderate harm: Outbreak of fire could foreseeably result in injury (including serious injury) of one or more occupants, but it is unlikely to result in multiple fatalities</p> <p>Extreme harm: Significant potential for serious injury or death of one or more occupants</p> | | |
| Accordingly, it is considered that the risk to life from fire at these premises: is: MODERATE | | | |



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|----------------------------------|-------------------------|-------------------------|-------------------------|
| Potential consequences of fire → | Slight harm | Moderate harm | Extreme harm |
| Likelihood of fire ↓ | Trivial risk | Tolerable risk | Moderate risk |
| Low | Tolerable risk | Moderate risk | Substantial risk |
| Medium | Moderate risk | Substantial risk | Intolerable risk |
| High | Substantial risk | Intolerable risk | Intolerable risk |

TRIVIAL
 TOLERABLE
 MODERATE
 SUBSTANTIAL
 INTOLERABLE

Comments on the overall assessment: The overall assessment of risk to life from fire has been assessed as moderate. Completing the actions raised in the Action Plan will reduce consequences for life safety in the event of fire from moderate harm to slight harm resulting in the reduction of the overall risk to life from fire from moderate to tolerable.

An enhancement of the management of fire safety at the College is in progress. This will be further improved with more visibility on controls and management of the controls. A robust Fire Safety Management Plan must be formalised including an updated Cause-and-Effect Matrix for the fire alarm system.

Immediate action must be taken, if not already taken regarding the findings of the check on the fire alarm system identifying certain fire doors not releasing in the event of fire alarm activation. It is imperative that evacuation routes are kept clear of fire and smoke to enable safe evacuation, so focus must be placed on works identified on fire doors and breaches in walls and ceilings to maintain the compartmentation highlighted by red lines on the fire drawings.

All up to date testing and maintenance reports must be obtained as a priority and reviewed so remedial action can be taken as required.

The residential flat at the top of the Junior School old building was not included in the drawings provided so does not form part of this assessment and must be added so fire arrangements can be reviewed and any remedial action required taken.

A suitable risk-based control plan should involve effort and urgency that are proportional to risk. The following risk-based control plan is based on one advocated for general health and safety risks:

| Risk level | Action and timescale |
|--------------|--|
| Trivial risk | No action is required, and no detailed records need be kept. |



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| Tolerable risk | No major additional controls required. However, there might be a need for improvements that involve minor or limited cost |
| Moderate risk | It is essential that efforts are made to reduce the risk. Risk reduction measures should be implemented within a defined time period. Where moderate risk is associated with consequences that constitute extreme harm, further assessment might be required to establish more precisely the likelihood of harm as a basis for determining the priority for improved control measures |
| Substantial risk | Considerable resources might have to be allocated to reduce the risk. If the building is unoccupied, it should not be occupied until the risk has been reduced. If the building is occupied, urgent action should be taken |
| Intolerable risk | Building (or relevant area) should not be occupied until the risk is reduced. |

ACTION PLAN FOR SIGNIFICANT FINDINGS

Note that, although the purpose of this section is to place the fire risk in context, the following approach to risk assessment is subjective and for guidance only. All hazards and deficiencies identified in this report should be addressed by implementing all recommendations contained in the following action plan.

Significant findings and suggested remedial actions are recorded below. Those hazards flagged as of a High severity should be actioned within 1 month, those of Medium severity within 3 months and those of Low severity within 6 months.

It is considered that the following actions should be implemented in order to reduce fire risk to, or maintain it at, the following level:

Trivial Tolerable

| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|--|-------------------------------------|-----------------------------|--------------------------|
| 1.1 | Measures to prevent fire of electrical origin must be improved | H | See e.g., 1.2-1.5, 4.1, 4.2 | |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|----------|--|-------------------------------------|--|---|
| 1.2 | 5 yearly fixed electrical wiring records not provided | H | Obtain certificates to confirm completion of 5 yearly fixed electrical. Review and schedule remedial action where required | Certificates received. Remedials undertaken August 2023 |
| 1.3 | PAT Dec 2022 – remedial action taken for failed items not recorded | H | Maintain up to date PAT report annotated with remedial action taken to confirm failed items have been removed | Spreadsheet created to log any items that failed as part of the inspection and the date items have been disposed off |
| 1.3 | Some items noted with out-of-date PAT stickers e.g., Navy hut first floor 2020/21 | M | Ensure there is an accurate inventory of all portable electrical appliances | Annual visit due December 2023, Contractor has been supplied with the most recent inventory |
| 1.3, 1.4 | Staff made aware to ensure any personal portable electrical equipment brought on to site must be included in PAT – communication channels, process and calibration of PAT equipment not provided | M | Confirm how staff made aware and PAT equipment used by Estates team is calibrated and records are maintained Ensure process in place for any personal items that may be brought onto site by staff and ensure staff are aware of requirements. Ensure arrangements are in place for any external contractors, peripatetic staff, lessees regarding the use for portable equipment that has an up-to-date PAT carried out, where relevant | 1.3 - Health and Safety Policy now states this, annual H&S refresher training covers this, termly reminders at morning briefings 1.4 - Contractor Policy updated. Lettings policy created and included |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|---|-------------------------------------|--|---|
| 1.5 | Heavy reliance on extension leads in some areas e.g., Sports Hall offices | M | Consider requirement for additional fixed electrical sockets to prevent reliance on extension leads | As part of the refurbishment project additional sockets have been added to prevent reliance on extension leads |
| 3.2 | Waste accumulation in close proximity to the perimeter of the site with a deteriorating fence | H | Ensure waste removed at appropriate intervals to prevent build up and schedule repairs to fence | Increased waste collection to three times per week. New schedule includes metal waste to be cleared every half term. Fence repair awaiting installation. |
| 4.1 | Portable heaters found left on when rooms unoccupied during holiday as noted on fire drawings | H | Staff must be reminded regarding the importance of switching off when leaving area unoccupied | Staff handbook updated and added to H&S refresher slides that are shared with all staff. Director of Estates to diarise email to remind staff in winter. Cleaners reminded to check portable heaters when leaving rooms |
| 4.2 | No records of testing and maintenance of boilers in flat and lodge | H | Provide records and status of remedial action if required | Lodge & flat now added to service list. Servicing completed Jul 2023. |
| 4.2 | No records of testing and maintenance of high-level fixed heaters in sports hall | H | Confirm testing and maintenance carried out at appropriate intervals and status of remedial action or schedule | Turned off and isolated on the electricity board. Units to be removed by a specialist Contractor |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|--|-------------------------------------|--|---|
| 7.1 | Standard of housekeeping poor in some areas – large areas with build-up of dust e.g., art room | H | Remind staff, raise awareness regarding the importance of maintaining good housekeeping at all times | Team meetings highlight the importance of always maintaining good housekeeping. Spot checks now in place to maintain the required standard. Deep- clean has been undertaken within the Art department, area will be monitored and further deep-cleans will be programmed in when required |
| 7.2 | Storage of combustibles in plant rooms | H | Relocate items | Installation of containers to be done 16 th /17 th October and then clear out happening on 18 th October. |
| 7.3 | Lots of storage in roof voids | H | Remove storage, de-clutter and review retention policy for archive material | Archives have removed items, leftover items are being removed October half term. |
| 7.5 | Storage on staircases e.g., Changing Block | H | Remove any items and ensure all escape routes and stairwells are kept free of storage | Additional storage provided to PE department, cricket bags have been relocated to the storage area. Refresher training to all staff includes the importance of keeping the stairwells clear |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|---------------------|--|-------------------------------------|--|---|
| 8.1 | Contractor Management Policy being reviewed | H | Complete the review and formalise Contractor Management Policy and ensure hazards introduced by outside contractors are controlled including a robust process in place where the isolation of any parts of the fire alarm system may be required by contractors e.g., detectors. This must only be based on a tightly controlled Permit to Work (PTW) system | Contractor Policy updated and shared with all Contractors. Estate Compliance Coordinator communicates with Contractors prior to works commencing to obtain all relevant documentation |
| 8.2, 8.3, 8.4 | Permit to Work procedure covered in pre-qualification questionnaire not provided | H | Provide example of pre-qualification questionnaire | Estates Compliance Coordinator annually sends out the Contractors pack and retains all documentation on file |



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| 9.1 | Suitable and sufficient risk assessments not in place for all chemicals used outside of science department | H | <p>In all departments (outside of Science Department who have controls in place) throughout the school</p> <ul style="list-style-type: none"> - ensure an accurate inventory of all hazardous substances is maintained - current Safety Data Sheets are obtained - Control of Substances Hazardous to Health Assessments (COSHH) completed for all hazardous substances used - storage of hazardous substances is reviewed - minimum quantity of substance required is stored appropriately in locked metal cabinets with incompatible substances separated substances no longer used/required disposed of correctly | <p>COSHH review has taken place to create one overall inventory of all chemicals that are used throughout the whole site. This includes a location log, that can be provided to the Fire Services upon request. Risk Assessment and manufacturers data sheets are present within the COSHH folder, located in the Lodge. All specific department and storage areas (with the exception of science) have hard copies available within the area. Annual review will take place and Risk Assessments updated accordingly. Staff have been made aware to inform Estates Compliance Coordinator of any new chemicals so the inventory can be updated. As part of the review all chemicals that are no longer required or used have been identified, order placed with Ideal Response to collect and dispose, relating paperwork held on site to confirm safe, controlled disposal of Chemicals</p> |
| 9.2 | DSEAR assessment not in place | M | Schedule DSEAR Assessment | Dangerous Substances and Explosive |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|---|-------------------------------------|---|--|
| | | | | Atmospheres Regulations 2002 (DSEAR) review has taken place to create one overall inventory of all chemicals that fall under this regulation that are used throughout the whole site. This includes a location log, that can be provided to the Fire Services upon request |
| 10.1 | Kiln located in art room with no visible segregation or markings and combustibles stored in close proximity | H | Improve housekeeping around kiln. Install barrier/markings to identify clear safe zone around kiln and safe working procedure | Barriers installed to identify a safe zone, staff reminded of the working procedures |
| A7 | Several doors secured by padlock need to be replaced by single action mechanism (see also A11) | H | Replace door opening with single action mechanism | Review of all doors, padlocks removed and checked on a regular basis |
| A11 | Some final exit doors require 2 actions to open | H | Replace door opening with single action mechanism | Linked to A7, due to the removal of padlocks the identified doors are now compliant with a single action mechanism |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|---|-------------------------------------|--|---|
| A11 | Fire alarm system testing interim report provided by ABN Integrated Services highlighted that some doors linked to the fire alarm are not releasing | H | Take immediate action to obtain full report and schedule works immediately, if not already completed | Door releases fixed during service in Aug 2023. |
| B1 | Fire doors do not close correctly | H | Adjust closer/hinge to ensure fire doors close correctly as indicated on fire drawings | Review of all Fire Doors has been completed, all remedial actions have been undertaken to rectify the issues identified. Refectory door required replacement, this has been replaced September 2023 by external fire approved installer |
| B1 | Fire doors with gap in middle or top when closed | H | Ensure the gap between fire doors and frame and in centre of double doors is not greater than 4mm | |
| B1 | Fire doors with intumescent strip damaged or missing | H | Repair/replace where indicated on fire drawings | |
| B1 | Fire doors hooked open | H | Remove hooks and take remedial action if doors do not close correctly as indicated on fire drawings | |
| B1 | Fire doors not closing correctly due to incorrect sequencing of closer | H | Correct sequencing as indicated on fire drawings | |
| B1 | Fire door not closing due to catching on carpet | H | Ease door to ensure self-closing | |
| | | | | |
| | | | | Review of all Fire Doors has been completed, all remedial actions have begin and to be completed M2. |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|--|-------------------------------------|---|--|
| B1 | Fire door maglock not working so door not operating correctly | H | Schedule repair | Investigated, maglock adjusted, left in working order |
| B1 | Breaches in ceilings/walls as indicated on fire drawings | H | Review all riser, electrical cupboards, plant rooms, server rooms, corridors to ensure that any breaches around pipes, walls, ceilings are sealed or tiles in place | Survey required of all areas and measurement taken to order the required sleeves to install around every pipe |
| B1 | Glazing along external escape routes not identified as fire-resistant glazing if within 1800 mm of staircase | H | Confirm glazing within 1800mm of staircase if fire-resistant glazing | Glazing checked for stamp mark throughout the whole site, East stairs has had safety film fitted to become compliant |
| B1 | Records not provided to confirm vents in fire doors have intumescent infill | M | Confirm vents are fire resistant | Doors inspected by XSELV and confirmed to be compliant |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|--|-------------------------------------|--|--|
| C1 | Some emergency lighting faulty/not working | M | Repair as marked on fire drawings | Emergency Light inspection has been created, monthly checks to be undertaken internally. External solar lights have been installed at the Wellness Centre to supply light on assembly point. Annual test completed by Barton electrical, faults rectified at time of inspection where possible, outstanding faults that require further action will be rectified within the next visit |
| D2 | Fire doors not correctly marked | H | <p>“Fire door keep shut” should be on fire doors on escape routes “Fire door keep locked” should be on doors to, for example, store rooms, plant rooms, cleaner’s cupboards, etc.</p> <p>“Automatic fire door keep clear” should be on doors held open by Dorgard or fire alarm magnetic devices</p> <p>“Fire exit keep clear” on final exit doors leading out where can be blocked by storage/bin/vehicles etc.</p> | Review of all fire doors has been undertaken and every door has now been fitted with the appropriate signage for the purpose of the door. Inspection logs check a number of items of which signage is one |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|--------|--|-------------------------------------|---|--|
| D3 | Not all escape routes correctly signed | M | Review escape route signage to ensure "Running man" pictograms are in place so that the route to a final exit door is indicated. All signs should be of a similar design. | Inspection sheet has been created, all signs that required action have now been replaced. On going monthly monitoring is in place and appropriate action will be undertaken if required |
| D4, D5 | Action in the event of fire notices not displayed in all common areas and adjacent to all final exit call points | M | Add notices | Fire Evacuation / Lockdown Siren notices have been created, these have been placed in every classroom and displayed in main circulating areas. The notice features within the Health & Safety refresher slides that are shared with all staff annually |
| E2 | Break glass unit not installed adjacent to all doors to open air | H | Action as noted on fire drawings | VMT Corridor requires a break glass unit to be fitted, scheduled for October half term |
| E2 | Two break glass units (BGUs) adjacent to each other in some areas | H | Remove any BGUs not part of the current fire alarm system | Call points to be removed during October half term. |
| E2 | No sounders installed in Junior School and STEM building 2 nd floor external area | H | Confirm fire alarm can be heard or add sounders | Investigation has been undertaken, alarm can be heard from sounder in corridor, no further action required |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|--|-------------------------------------|--|---|
| E2 | Some areas with detector base and no detector | M | Replace detector | Old bases to be removed as part of rolling decoration programme. |
| E2 | Fire Alarm Panel (FAP) showing fault or disconnected from main building in some areas | H | Investigate fault and remedy | Wireless alarm systems are more prone to faults, the alarms are checked daily as part of the opening check log, Faults are logged and reported to the alarm company to investigate / remove at the next service visit |
| E4 | Zone chart not displayed adjacent to each fire alarm panel | M | Ensure an up-to-date zone chart is displayed by all fire alarm panels | Zone charts are displayed next to the two panels, Main reception area, Main College building and STEM building, ground floor by accessible toilet |
| F3 | Records of firefighting equipment not provided | M | Create an accurate inventory of all firefighting equipment and locations to be able to carry out monthly checks and use to check against annual testing and maintenance report | Inventory created, monthly inspections by Estate team. Annual test completed by external Contractor, certificates are available upon request |
| F4 | Stair well with signs for fire extinguishers but missing equipment as indicated on fire drawings | M | Replace extinguishers | Inventory created, all extinguishers are checked monthly as part of this check signage, condition, location, and include Signage, are in |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
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| F4 | Firefighting equipment on floor in several areas as indicated on fire drawing e.g., swimming pool | M | Mount extinguishers to wall | the correct locations with corresponding signs |
| F5 | Not all firefighting equipment visible e.g., in some STEM building classroom and water tank room as indicated on fire drawings | M | Ensure firefighting equipment clearly visible or add signs where required | Signage has been updated for every extinguisher and check monthly as part of the extinguisher log |
| G | Documents and testing and maintenance records for kitchen suppression system not provided | H | Provide documentation and testing and maintenance records together with status of remedial action, where required | Serviced August 2023, all reports received and on file |
| I10 | Pro forma/template used for PEEP not provided. No General Emergency Evacuation Plan provided | M | Provide proforma and ensure General Emergency Evacuation Plan (GEEP) is in place | Template has been created and shared with all staff, operational since September 2023 |
| I14 | No Fire Brigade visit since new build | M | Arrange visit by Fire Brigade | Email sent to LFB September 2023, awaiting response. |



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|------|---|-------------------------------------|---|---|
| J7 | Monitoring of fire drills to be enhanced to include additional detail | M | Fire evacuation report form to be reviewed to include additional details e.g., number of staff, pupils and visitors evacuated. Report must be completed fully including remedial action taken | New template has been created and used twice since September 2023, all records are on file |
| J9 | Evidence of information shared during signing in process not provided | H | Ensure staff follow process for informing visitors regarding fire arrangements when signing in | Updated refresher slides and annual reminder regarding fire evacuation procedure has been shared with all staff |
| K2 | Full records of testing and maintenance of entire fire alarm systems not provided | H | Obtain records to confirm date of testing and maintenance status of remedial action if required | Records have now been supplied from ABN Integrated Services |
| K3 | Recording of checking of fire arrangements linked to the fire alarm system not included in weekly alarm testing records | H | Include checking of all fire arrangements linked to the fire alarm system in the weekly testing | Review of Fire alarm testing logs now include all automatic doors and refuge areas, to confirm working order every week |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan’s Action Plan |
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| K5 | Monthly check of fire doors not undertaken | H | Number all fire doors, those highlighted in red on the fire drawings, and create an inventory to be able to carry out monthly checks. Maintain records of checks together with any remedial action where required | Inventory created, monthly inspections by Estate team. Remedial action is logged on the check sheet, a ticket is raised on the service desk so we have an auditable trail |
| K6 | Monthly testing of emergency lighting log created | M | Ensure monthly tests are carried out and accurate records are maintained including status of remedial action | Inventory created, monthly inspections by Estate team. Remedial action is logged on the check sheet, a ticket is raised on the service desk so we have an auditable trail |
| K7 | Records of monthly checks of firefighting equipment not provided | M | Ensure monthly checks are carried out and accurate records are maintained including status of remedial action | Inventory created, monthly inspections by Estate team. Remedial action is logged on the check sheet, a ticket is raised on the service desk so we have an auditable trail |



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| K7 | Firefighting equipment omitted from annual testing and maintenance e.g., Navy hut first floor and swimming pool plant room | M | Ensure all equipment included in testing and maintenance | Inventory created, monthly inspections by Estate team. Pinnacle Fire Protection have been supplied with the inventory to ensure all equipment is included. Remedial action is logged on the check sheet, a ticket is raised on the service desk, so we have an auditable trail |
| K8 | Records not provided of six-monthly inspection and annual testing of rising mains | M | Provide records to confirm inspection and testing is carried out or schedule | In discussion with advisors to clarify what testing is required. |
| K9 | Annual inspection and testing of dry risers scheduled for Easter 2023 | M | Confirm testing and maintenance carried out, review report and ensure remedial action scheduled if required | Annual inspection and testing was undertaken in April 2023, all remedials actioned, report has been supplied and on file |
| K12 | Records not provided of periodic or annual testing of Evacuation Voice Control System | M | Schedule testing | New contract arranged with 1 st Ace Security, service visit undertaken in August 2023, report has been supplied and on file |
| K16 | Final exit door from swimming pool difficult to open | H | Take action to free door to enable quick opening | Estates team have resolved the issue, left in full working order |



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| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|------|---|-------------------------------------|--|--|
| K17 | Music Room external staircase inspection Dec 2021 status of remedial action not provided | H | Confirm status of remedial action | Report received from Waltham Forest Engineering. Structurally sound, decoration works required and will be undertaken by Estates team. |
| K17 | Schedule of all external staircases and inspection reports not provided | H | Carry out routine monitoring of all external staircases and schedule inspections. Maintain records including status of remedial action | External staircases have been inspected by external contractor, monitoring check sheet has been created, includes any remedial actions required Remedial actions being investigated. |
| K18 | Annual inspection and testing of the lightning protection system Oct 2022 Report provided for Main building, Sports Hall and STEM building. Certificate for Sports Hall only – status of remedial action not provided | H | Obtain certificates for main building and STEM building. Confirm status of remedial action raised in reports | Certificates for all the buildings have been received and on file. Costs have been requested from contractor. |
| K19 | Emergency gas stops and teacher control unit testing and maintenance scheduled July 2023 | M | Ensure testing and maintenance carried out report reviewed and remedial action scheduled if required | Maintenance visit May 2023, reports on file, no remedial actions |



FIRE RISK ASSESSMENT

| Ref. | Significant finding | Hazard severity (Low, Medium, High) | Details of remedial action | St Dunstan's Action Plan |
|--------|--|-------------------------------------|---|---|
| K19 | Testing and maintenance of gas taps Feb 2023 half term records not provided | M | Confirm testing and maintenance carried out and status of remedial action | Maintenance visit February 2023, reports on file, no remedial actions |
| K19 | Records of statutory and non-statutory testing and maintenance of all local exhaust ventilation (LEV) systems not provided | H | Provide schedule of all LEV systems and planned preventative maintenance records | Serviced November 2022. Reports on network |
| M1, M2 | Fire Evacuation Plan to be updated to include additional details | H | Review Fire Evacuation Plan to streamline, check for accuracy and include arrangements for evacuation of disabled persons, including out of hours taking into account Junior School old building flat occupants | Completed - training to all staff inset |