



**Bermuda Fire & Rescue Service**  
**Fire Risk Survey Assessment Form**

*\*All Information Is Used For Bermuda Fire & Rescue Service Official Records and Will Not Be Used For Any Other Purpose\**

**Name of Premise:** .....

**Address of Premise:** .....

**Parish:** ..... **Postal Code:** .....

**Mailing Address:** (if not same as above) .....

.....

**Primary Contact**

**Name:** ..... **Tel: (Tel):** ..... **(Cell):** .....

**Email :** ..... **Role:** .....

**Owner**

**Name:** ..... **Tel: (Tel):** ..... **(Cell):** .....

**Email :** .....

**Fire Safety Plan for the Building?**     Yes             No

**Last Fire Drill:** (D/M/Y) .....

**Building Information**

**Floor Size** (sq.ft.): ..... **Total Height:** ..... **Building Status:**  Occupied  
 Under Renovation  
 Pending Permit  
 Vacant (Secured)  
 Vacant (Unsecured)

**Number of Stories:** ..... **Above Grade** (Street Level): ..... **Below Grade:** .....

**Construction Type:**  Concrete/Steel  
 Concrete/Wood  
 Concrete (Prefab)  
 Steel Frame  
 Bermuda Stone

**Year Built:** .....

**Occupancy Type:**  Mercantile  Residential Care  Residential  
 Business  Apartment Building  Day Care  
 Education  Detention  Storage

**Occupant Load:** ..... **Number of Units/Tenants:** .....

**Associated Businesses** (additional space provided on page 7):

Name: .....

Floor Level: ..... Unit Number: ..... Size (sq.ft): .....

Name: .....

Floor Level: ..... Unit Number: ..... Size (sq.ft): .....

Name: .....

Floor Level: ..... Unit Number: ..... Size (sq.ft): .....

**Fire Alarm System**

**Fire Alarm Type:**  Conventional      **Make:** .....      **Model:** .....  
 Addressable  
 N/A

**Type of Detection:**  Smoke (Ion)       Combo (Heat/Smoke)  
 Smoke (Photo)       Smoke Alarm (Battery)  
 Heat (ROR)       Smoke Alarm (Hard Wired)  
 Heat (Fixed)       Other

**Type of Signals:**  N/A       Horn/Strobes  
 Multiple Types       Strobe Only  
 Bells       Speaker Strobe

**Monitored:** (Y/N) ..... (if Yes) **Monitoring Company:** .....

**Location of Main Fire Alarm Panel:** .....

**Location of Remote Annunciator:** .....      **No. of Zones:** .....

**Software Version:** .....      **Last Software Update:** .....

**Maintenance Company:** .....

**Date of Last Test:** .....      **Test Frequency:**  Annual       Bi Annual  
 Monthly       Quarterly  
 Scheduled       Weekly

**Controlled/Monitored Components:** .....

**Fire Pump**

**Type of Fire Pump:**  Diesel  Electric  Centrifugal  Vertical Turbine

**Make:** ..... **Model:** .....

**Rated Capacity:** (gpm @ psi) .....

**Maintenance Company:** .....

**Date of Last Test:** ..... **Test Frequency:** .....  
(See Test Frequency for Fire Alarm System)

**Location of Fire Pump:** .....

**Fire Pump Documentation Available:**  Yes  No

**Sprinkler System**

**Type of System:**  Wet  Wet Pipe/Preaction **Pre action Type:**  Single Interlock  
 Dry  N/A  Double Interlock  
 Preaction  Non Interlock

**Type of Sprinkler:**  Standard Response  Early Suppression/Fast Response  Extended Coverage  
 Quick Response  Control Mode/Specific Application

**Commodity Classification:**  Ordinary Hazard (Group 1)  Extra Hazard (Group 1)  Light Hazard  
 Ordinary Hazard (Group 2)  Extra Hazard (Group 2)

**Type of Standpipe System:**  Automatic (Wet)  Manual (Wet) **Standpipe Class:**  I  
 Automatic (Dry)  Manual (Dry)  II  
 III

**Spare Sprinkler Cabinet Location:** .....

**Other Considerations:**  High Piled Storage  Encapsulation  
 Rack Storage  Flammable/Combustible  
 Solid Shelving  Hazardous Materials

**Location of Fire Department Connections:** .....



**Hazardous Materials / Flammable Liquids / Flammable Gases**

Are there any LPG Cylinders on the Property?  Yes  No

Size of Cylinders: ..... Number of Cylinders: .....

Location of Cylinders: .....

Service Provider: ..... Other: .....

Are Flammable Liquids Stored on Site?  Yes  No

Type: ..... Other: .....

No. of Tanks: ..... Capacity of Tanks (US Gallons): .....

Location of Tanks: .....

Type: ..... Other: .....

No. of Tanks: ..... Capacity of Tanks (US Gallons): .....

Location of Tanks: .....

What Hazardous Materials are Stored on Site? .....

Location of Storage: .....

Capacity of Storage (US Gallons): .....

**Associated Businesses**

Name: .....

Floor Level: ..... Unit Number: ..... Size (sq.ft): .....

Name: .....

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Floor Level: ..... Unit Number: ..... Size (sq.ft): .....

**Submitted by**

**Name:** .....

**Signature:** .....

**Role:**       Building Owner       Building Owners Representative

**Date:** .....