

Freedom of Information request: Reference number FOI2025/00061

Date of request: 19th February 2025

Request:

Please could you let me know which hospitals in London do not comply with fire safety regulations, including inability to evacuate within a set time period and what time limit the LFB require from hospitals for evacuations and broken or unusable sprinkler systems and broken or unusable alarm systems.

What measures or warnings are taken in hospitals which do not comply with fire safety regulations and how long do non-compliant hospitals have to become compliant? If a hospital is found not to be compliant, what measures are taken?

Since 2015, have there been any instances of harm, injury or loss of life in a hospital due to non-compliance with fire regulations? If so, when and where was this?

Response:

Please see below for a response to your questions including guidance notes - *Fire Safety Information and Guidance Note 425 for Hospitals. 209 for Reduction of false alarms and UwFS and Fire Safety Audit.*

Please could you let me know which hospitals in London do not comply with fire safety regulations?

LFB currently have Enforcement Notices served on the following hospitals for non-compliance:

- St Thomas' Hospital
- Kings College Hospital
- Newham General
- The Whittington Hospital

Inability to evacuate within a set time period and what time limit the LFB require from hospitals for evacuations?

LFB does not hold this information. Each premises is treated individually due to patient dependency, number of occupants, premises size and layout etc. The Health Technical Memorandum guidance documents, which can be found on the NHS website, do not require a set evacuation time.

Broken or unusable sprinkler systems and broken or unusable alarm systems

LFB are notified by individual hospitals when their AFSS (Automatic Fire Suppression Systems) or AFD (Automatic Fire Detection) systems are not working or are temporarily out of use due to maintenance. This information is relayed to individual fire stations to update their predetermined attendance and mobile data terminals. There are no current reported AFSS or AFD out of action to the healthcare team.

What measures or warnings are taken in hospitals which do not comply with fire safety regulations and how long do non-compliant hospitals have to become compliant? If a hospital is found not to be compliant, what measures are taken?

This will range from Verbal Advice being given at the time of non-compliance being identified (for the minor instances) through to Enforcement Notices being issued to the Trust (for multiple or major non-compliance). This is determined using the Audit Form scoring algorithm, along with an enforcement management model, which allows for further consideration to be taken to situations such as financial gain, attitude and engagement from the Responsible Persons etc. This will allow us to raise or lower the audit outcome in some circumstances. Non-compliant hospitals will mutually agree a reasonable timescale/deadline to remedy any areas of non-compliance. This can range in length of time depending on the amount and complexity of work involved. Consideration will be given to logistics of decanting areas of a hospital to complete work, availability of funding, tendering processes etc. Further information can be found in the Guidance below 425 and 201. Enforcement Notices are available online at: <https://www.london-fire.gov.uk/community/public-notices/>.

Since 2015, have there been any instances of harm, injury or loss of life in a hospital due to non-compliance with fire regulations? If so, when and where was this?

LFB does not hold any data on instances of harm, injury or loss of life in a hospital, which was due to non-compliance.

**Fire Safety Information & Guidance
Note**

FSR Ref:

**FSIGN
425**

Hospitals

Old Inst.: N/A

*Issue date: 1st January
2014*

*400 Series: Occupancy
& Hazards*

Summary

The London Fire Commissioner (the Commissioner) is the fire and rescue authority for London. The Commissioner is responsible for enforcing the Regulatory Reform (Fire Safety) Order 2005 (as amended) in London.

This Note is intended for internal use, providing information and guidance on auditing hospitals.

This Note is one of a series produced by Fire Safety Regulation HQ Policy Groups to provide additional advice and guidance to officers and Fire Safety Teams on various subjects related to their role.

Where appropriate this Note should be used for learning and staff development purposes.



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Contents

Summary	1
1 Introduction	3
2 The FSR Hospital Team	3
3 Concordat	3
4 Auditing Hospitals	3
5 Training for Hospital Team members	4
6 Health Technical Memorandum	4
7 Issues for Inspecting Officers	5
8 Primary Authority Partnerships	7
9 Enforcement	7
10 Sprinklers	7
11 Further information	7
Document History	8

Introduction

National Health Service (NHS) and private hospitals are regulated by the Care Quality Commission (CQC). This group is an independent organisation which oversees hospitals, as well as other care providers, and ensures that the care provided meets the National Standards of quality and safety.

A hospital can be defined as an institution which provides medical/surgical treatment and nursing care for sick or injured people, with or without sleeping accommodation.

Hospitals have the potential for a high risk to life in the event of a fire. This is

due to the wide range of building stock containing complex equipment and processes, the vulnerability of patients and the large numbers of members of the public present. However, good management will substantially reduce the risks. Inspecting Officers (IOs) will usually require specialist knowledge and experience to be able to identify where areas of deficient management will increase the risks to life in hospitals.

The FSR Hospital Team

The Fire Safety Regulation (FSR) Hospital Team is a group of IOs who have specialist knowledge and experience of auditing hospitals. It consists of a minimum of one IO from each Fire Safety Team, who leads on audits and consultations for hospitals. It is also preferred that each Fire Safety Team hospital lead IO has one or more deputies, who are also members of the Hospital Team.

The purpose of the Hospital Team is to disseminate information relating to hospital fire safety issues, provide specialist Continuing Professional Development (CPD) and to ensure there is a pool of IOs who have the necessary experience and knowledge required to successfully audit hospitals.

Only members of the Hospital Team should audit hospitals.

The Hospital Team Liaison Officer will arrange meetings of the Hospital Team and be a focal point for disseminating information. The Hospital Team Manager is the leading officer for hospital fire safety matters.

All Hospital Team members are registered with the Hospital Team Liaison Officer.

The Hospital Team Liaison Officer will organise a minimum of two Hospital Team meetings per year, one of which should include a CPD element.

The Hospital Team Liaison Officer and the Hospital Team Manager will organise a Concordat (see 3 below) seminar once a year, where representatives of the NHS in London and Hospital Team members are invited to presentations on topical healthcare related subjects.

Concordat

A concordat has been agreed between the Commissioner and representatives of the NHS in London. The Concordat outlines the framework for co-operation regarding healthcare fire safety matters in London.

Auditing Hospitals

It is the responsibility of Fire Safety Team Leaders (TLs) to ensure that IOs are not allocated buildings to audit which are beyond their capabilities. An IO who has no experience or knowledge of auditing hospitals should not be asked to audit a hospital alone. If this happens, the result of the audit is unlikely to address the relevant risks, be inconsistent with other hospital

audits and may compromise the credibility of the London Fire Brigade (LFB) with the NHS.

If a TL has the requirement to audit a hospital in their area and they do not have a Hospital Team member available, the TL should request assistance from another TL who has the necessary resources.

Training for Hospital Team members

There is no single training course available to equip officers to effectively audit hospitals. A new member of the Hospital Team should be assigned to a mentor who is an existing member of the Hospital Team. This may need co-operation between fire safety teams if a suitable mentor is not available locally.

On-going training and development will be provided at meetings organised by the Hospital Team Liaison Officer (see 2.6 above).

Health Technical Memorandum

The Department of Health provide a suite of fire safety guidance documents for healthcare premises called Health Technical Memorandum (HTMs). NHS hospital managers use these guides to help them comply with the Regulatory Reform (Fire Safety) Order 2005 (as amended), together with Approved Document B, the guidance which supports the Building Regulations. HTMs can also be used for private hospitals and can be downloaded free from www.gov.uk.

HTMs available at the time of this FSIGN:

HTM 05-01 Managing Healthcare Fire Safety, Second Edition

HTM 05-02 Guidance in support of functional provisions for healthcare premises

Suite of guidance on fire safety throughout healthcare premises — parts A to M:

HTM 05-03 Operational provisions Part A: General fire safety

HTM 05-03 Operational provisions Part B: Fire Detection and alarm systems

HTM 05-03 Operational provisions Part C: Textile and furnishings

HTM 05-03 Operational provisions Part D: Commercial enterprises on hospital premises

HTM 05-03 Operational provisions Part E: Escape lifts in healthcare premises

HTM 05-03 Operational provisions Part F: Arson prevention in NHS premises

HTM 05-03 Operational provisions Part G: Laboratories in healthcare premises

HTM 05-03 Operational provisions Part H: Reducing false alarms in hospital premises

HTM 05-03 Operational provisions Part J: Guidance on fire engineering of healthcare premises

HTM 05-03 Operational provisions Part K: Guidance on fire risk assessments in complex healthcare premises

HTM 05-03 Operational provisions Part M: Fire safety in atria

The compartmentation design in hospitals is different from most buildings designed using Approved Document B (ADB) for the Building Regulations. ADB recommends that escape routes, such as corridors and staircases, are fire resistant compartments to protect occupants from fire while they exit the building. HTM 05-02 Guidance in support of functional provisions for healthcare premises is recommended by ADB as the guidance document for the design of healthcare premises. HTM 05-02 uses progressive horizontal evacuation as a design premise. Patients are moved progressively away from a fire from one compartment to another. The theory is that the fire should be extinguished before patients need to be evacuated to the exterior of the building, so they are not exposed to the elements and medical care can continue. HTM 05-02 protects defined compartments and hazard rooms and attempts to keep the fire from reaching patients, rather than protecting escape routes, although staircases will still be protected.

Issues for Inspecting Officers

Hospitals generally offer acute care, which includes emergency treatment and elective surgery. However, many other facilities may be available such as birthing, dialysis, cancer and mental health care units. Some of the issues IOs will need to consider when auditing hospitals are considered below.

Many large hospitals will contain several different organisations or Trusts, where co-operation with fire risk assessments, fire drills and training is essential.

Fire risk assessments are usually carried out for different areas (wards, departments, operating theatres, etc.), because it would be unrealistic for one assessment to adequately address all of the risks in all areas. This means that a large hospital could have more than a hundred fire risk assessments. However, it is advisable that there is one document which describes the general precautions in the building, maintenance regimes and the evacuation policy or policies. When an IO is presented with many risk assessments it is recommended that the process is audited, followed by a physical check of some of the highest risk areas. These may include an operating theatre, intensive care unit or a Magnetic Resonance Imaging (MRI) scanner. An MRI scanner is a large and expensive unit which uses a powerful magnet to help produce images of internal body structures. It will be housed in a shielded room which has controlled access. In the event of fire there is a serious risk to firefighters who could inadvertently approach an MRI magnet while carrying metal objects, such as a breathing apparatus cylinder. The coils producing the magnetic field in an MRI scanner are

usually cooled using liquid helium. The magnet is permanently active and the only way to eliminate the magnetic field is to vent or 'quench' the liquid helium.

The emergency plan for a large hospital will usually be divided into the same areas covered by separate risk assessments (see 7.3 above). In an emergency, all staff in an area will have specified actions to carry out, with one person in overall charge. A fire response team will usually be mobilised. At least one member of the fire response team will attend the emergency area and another will greet and direct the LFB. An Inspecting Officer should audit the plan for the fire response team and then sample some areas and ask relevant questions of local staff. Inspecting Officers should enquire about the emergency plan for non daylight hours when reduced numbers of staff may be present.

Each area of a hospital (wards, departments, operating theatres, etc.) will usually have its own fire safety manual, which will contain the fire risk assessment, emergency plan, plans of the area and other useful fire safety information. If staff do not know the answer to a fire safety question, they should know that they can find the answer in the fire safety manual.

Most hospitals operate 24 hours a day and rarely have vacant areas where evacuation drills can be practiced effectively. This results in different approaches to fire drills and staff training. Walk-throughs and desktop exercises may be used instead of comprehensive fire drills. However, practical training should be given on horizontal and vertical evacuation. Vertical evacuation is one of the most challenging parts of an emergency plan for a hospital, but the emergency plan should detail how all occupants are evacuated to the exterior of the building. Inspecting Officers should pay particular attention to the evacuation of obese (bariatric) and critically ill patients (who may be connected to life support systems) from upper floors. Incidents and drills have shown that one of the main issues during the implementation of an emergency plan is communication, not just internally, but also with operational crews who need accurate and timely information.

Modern hospital buildings will have an L1 automatic fire detection and alarm system, whilst older hospitals may have a plan to upgrade to an L1 system, as this is the recommended standard. The sounding of the fire alarm will mean different things to different occupants within a hospital. For instance a continuous alarm in an office area will usually instigate immediate evacuation, but the same sound in a ward usually means investigate or standby and await instructions from the ward manager. It is not practical to evacuate a ward every time there is a false alarm. This is why it is important that staff receive site specific training and not just generic training. If a nurse hears a continuous alarm in the staff canteen, he/she will react differently to the same sound when working on their ward.

To adequately train all staff in a hospital requires a huge on-going effort by managers. Most hospitals have large numbers of staff from many different countries, which are supplemented by temporary agency and bank staff. As noted in 7.7 above, all staff require site specific training in the areas which they work, which should ideally be carried out before or on their first day in a new area. E-learning is a method of delivering training, but the

Department of Health do not accept this as a sole means of training and insist that it be supplemented by practical training. A fire safety inspecting officer should audit the system for training staff, but also consider whether it is producing staff who will be competent in an emergency. This can usually be determined by questioning staff in their work areas.

Medical gases are usually supplied directly to wards via pipes from a central source. Oxygen, medical air, vacuum suction and nitrous oxide (laughing gas) are commonly provided at each bed. A shut-off valve should be provided for each one of the gas supplies to prevent the gases providing additional oxygen to a fire. The shut-off valves can be localised, but are usually for an area and are called AVSUs (Area Valve Service Unit). They are located behind break-glass panels outside of each ward or within a ward. Only a clinician should decide to turn off gas supplies on request from the LFB. Additional gas can be also supplied in pressurised cylinders in various sizes, for emergencies away from bed bays and for transportation. Inspecting Officers should audit the policy for storage, movement and use of gas cylinders. Such a policy should limit the number of gas cylinders in a building to a minimum requirement.

Some hospitals may include mental healthcare units where patients are locked in. There may be a time delay on automatic door releases to enable staff to react to an emergency and decide if evacuation is needed. Call points may be operated by keys carried by every member of staff. Many mental healthcare patients smoke in external controlled smoking areas. However, staff do not continually search patients for smoking materials, so matches and lighters are often smuggled into wards. As a result, fires in mental healthcare units are common, but the staff are usually quick to react and extinguish the fires. This indicates that mental healthcare staff should be fully trained to use extinguishers.

False alarms in hospitals are common, due to the complexity of the buildings, occupants and contents; and crucially the large number of detector heads and manual call points. It is probably impossible to eliminate false alarms in hospitals, but it is possible to limit Unwanted Fire Signals (UwFS). Hospitals managers have historically dialled 999 every time the fire alarm is activated. The most effective way to reduce or eliminate UwFS is to instigate a seek and search procedure, where the fire response team and staff local to the alarm investigate the incident and quickly decide if the LFB is required. The LFB has a policy for charging for excessive UwFS.

Primary Authority Partnerships

Before any enforcement action is taken (enforcement notice or notification of deficiencies), it is essential that the Inspecting Officer determines if the business being audited is included in the Primary Authority Partnership scheme. The Primary Authority Register on the Better Regulation Delivery Office website contains details of all Primary Authority partnerships. See FSIGN 610 for further information.

Enforcement

Before any Enforcement Notice is issued to any Trust or organisation which runs a hospital or associated premises (e.g. offices, nurses' accommodation), it must be vetted by the Central Enforcement Policy Group at LFB Headquarters. This procedure is not normally necessary for a Notification of Deficiencies letter.

All Enforcement Notices issued to hospitals must be copied to the Care Quality Commission.

Sprinklers

Where new developments are being considered and when significant refurbishment and upgrade of an existing building is being planned, especially involving buildings with vulnerable people, the installation or retrofitting of sprinkler or other water suppression system is strongly advocated.

In older buildings, built to an earlier standard, the level of risk may no longer be acceptable and in these cases the retrofitting of sprinklers to overcome these risks is advocated.

Further information

This briefing note should be read in conjunction with

FSIGN 422 - Care Homes

FSIGN 209 - The Reduction of False Alarms and Unwanted Fire Signals from Automatic Fire Detection and Fire Alarm Systems

PN 848 - Charging for automatic fire alarms

FSIGN 605 - Concordat between the Commissioner & NHS In London

Document History

Impact assessments

An Equality or Sustainability Impact Assessment was completed on:

Equality Impact Assessment	xx/mm/yy yy	Sustainability Impact Assessment	xx/mm/yy yy
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Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
Page 6	Reference to PAPs added	16/01/2015
All	Changed to support new LFC governance	01/04/2018
Summary, 6.1	Updated to reflect RR(FS)O has been amended	01/05/2022

Reduction of false alarms and Unwanted Fire Signals

FSIGN 209

*Old Inst.: N/A
Issue date: April 2022
200 Series: Audit Process*

Summary

The London Fire Commissioner (the Commissioner) is the Fire and Rescue Authority for London. The Commissioner is responsible for enforcing the Regulatory Reform (Fire Safety) Order 2005 (The Order).

This Note is intended for internal use, providing information and guidance on the role of Prevention and Protection in the reduction of false alarms and unwanted fire signals from automatic fire detection and fire alarm systems.

This Note is one of a series produced by Prevention and Protection Policy and Strategy Group to provide additional advice and guidance to Prevention and Protection staff on various subjects related to their role.

Where appropriate this Note should be used for learning and staff development purposes.

Contents

1	Introduction	2
2	AFA Non-attendance Policy	3
3	Auditing	4
4	Enforcement	5
5	UwFS Interventions	5

[6](#) [Monitoring](#)6

[7](#) [Fire Alarm Monitoring Organisations \(FAMO\)](#).....7

[8](#) [Further guidance](#)7

[9](#) [Example questions for use during audits](#)8

Introduction

Automatic fire detection and fire alarm systems (AFD) are designed to provide early warning in the event of a fire. This makes them an important feature in the effectiveness of emergency evacuation plans and reduces the risk to life. They can also help in minimising property damage through the early warning of a fire and to aid initial firefighting in the premises. However, if these systems are not designed, installed, maintained, and managed to a satisfactory standard they have the potential to generate false alarms and Unwanted Fire Signals (UwFS).

There is a distinct difference between a false alarm and a UwFS:

A **false alarm** is a fire signal resulting from a cause other than fire (e.g. cooking or steam).

A **UwFS** is a false alarm from an automatic fire detection and fire alarm system that has been passed on to the fire and rescue service and results in crews being mobilised unnecessarily.

NOTE: AFA (Automatic Fire Alarm) is used to record the type of incident LFB is called to on the IRS. When used as a stop code, this indicates the incident is a false alarm and therefore an UwFS.

False alarms are categorised as either, equipment false alarms, malicious false alarms, or false alarms with good intent.

Malicious false alarms are when a person operates a manual call point or causes a fire detector to initiate a fire signal, whilst knowing that there is no fire.

A false alarm with good intent is, where the person believes there is a fire, when no fire exists.

UwFS weaken London Fire Brigade (LFB) ability to provide cover for genuine emergencies by unnecessarily diverting resources. This can potentially put life and properties at risk. Responding to UwFS has a negative impact on public finances and the environment through needless appliance movements (e.g. noise, air, and traffic pollution). False alarms also endanger public safety and fire crew personnel safety when fire engines travel at high speed on roads to respond to these incidents.

Excessive false alarms at premises may lead to complacency in the emergency evacuation response and can be a key indicator of deficiencies in fire safety management.

Common issues that may lead to false alarms include unsuitable or incorrectly sited detection devices and poor siting of other equipment such as manual call points.

Whilst BS 5839-1 acknowledges that there is an 'acceptable rate of false alarms' (which relates to the number of detector heads, occupancy, and the process/activities in the premises), it must be appreciated that the level of

false alarms considered acceptable is entirely different to any level of UwFS.

The Responsible Person (RP) has a duty to minimise the level of false alarms produced from their premises. It is often the case that where filtering measures are applied, the chances of false alarms becoming UwFS will be significantly reduced. If an AFD system produces a false alarm, it is irresponsible and unacceptable, to assume it is reasonable to persistently call for the emergency attendance of LFB.

Whilst fire station staff have a responsibility to tackle UwFS in their boroughs (See [PN 697 'Automatic fire alarms - operational response'](#) for further details), Prevention and Protection has a crucial role in helping to reduce the levels of UwFS by regulating the management of false alarms during audits and other fire safety interventions.

By reviewing the management of false alarms as part of the audit process, Inspecting Officers (IO) and Fire Safety Advisors (FSA) can potentially prevent them from becoming UwFS, thereby reducing the burden on the Brigade. This can be achieved through interventions, such as:

- Promoting the use of competent persons in the design, installation, commissioning, management, and maintenance processes to improve system suitability and performance.

- Promoting the appropriate management and review of the fire detection and fire alarm system by the RP and highlighting areas and options for improvement.

- Encouraging call filtering at occupied premises to prevent false alarms becoming UwFS (this should only be put in place when supported by a suitable management system and staff training).

- Informal or formal enforcement action where false alarms pose a risk to relevant persons.

IO/FSA can also support fire station staff by providing technical advice and/or taking enforcement action, where necessary. Any request should be part of the station notification procedures as detailed in [FSIGN 113](#) and [PN 784](#). Consideration should be given to a demand led audit or other suitable intervention. Where high levels of UwFS pose a risk to relevant persons, these premises should be addressed as part of the Active Risk Targeting approach.

AFA Non-attendance Policy

Commencing in October 2024, LFB will stop attending AFA calls in most commercial buildings between the hours of 7am and 8:30pm (0700 to 2030 hours), including weekends.

LFB will only send a response to fires in commercial buildings during these hours if a fire is confirmed or the premises are exempt from this policy.

NOTE: LFB will only consider the visible signs of a fire i.e. smoke or flames (sight, sound, smell, or heat) as a confirmation of a fire.

Outside of these hours and for exempt premises, LFB will still attend AFA calls and the normal mobilisation and emergency call management procedures will be applied by Control. This does not guarantee LFB will send a response as Control staff are required to filter AFA calls by asking a series of predetermined questions, to establish whether an attendance is required. See [PN 412 'Mobilising policy'](#) and [PN 539 'Emergency call management'](#) for more information.

For more information on the non-attendance policy and the full list of exempt premises see [AFA policy | London Fire Brigade \(london-fire.gov.uk\)](#), which also includes several frequently asked questions.

When auditing premises with AFD post the commencement of this new policy, IO/FSA should check the RP is aware of the policy change and how it may impact their premises. The IO/FSA should ensure that the RP has reviewed their fire risk assessment (FRA) and emergency evacuation plans (EEP) considering the new policy. This includes any premises that are exempt, as they should review their FRA in relation to preventing and/or reducing false alarms and UwFS, for example this may include ensuring those responsible for calling LFB in the event of a fire are aware of the exemption to this policy so they can relay that information to Control.

IO/FSA should remind the RP that their FRA and general fire precautions (GFP) should be based on evacuation without the need for intervention by LFB.

Where a premises AFD is linked to an alarm receiving centre (ARC), IO/FSA should check that the RP has made arrangements with the ARC to ensure it can differentiate between AFAs that are false alarms and those that are confirmed fires. LFB will only send a response to confirmed fires and exempt premises during daytime hours.

Auditing

Audits provide an opportunity for IO/FSA to assess if an AFD system is suitable for the premises in which it is installed. The audit will assist in establishing how effectively the system responds to incidents, how well it supports the emergency evacuation plan (EEP) and evacuation strategy (ES) (including personal emergency evacuation plans (PEEP)), and the suitability of the management processes.

Pre-audit checks should be carried out in accordance with [FSIGN 201](#). The IO/FSA should also check the number of AFAs in the premises over the last 3 years via IMS or LFB Data.

IO/FSA **must** record the number of UwFS reported at the **location** in the last 3 years in the 'Unwanted Fire Signals Count' field in the protection tab of the audit form. This information is part of the Relative Risk Level (RRL) calculation and is defaulted to zero. For further information on the RRL, see [FSIGN 115: Relative Risk Level](#).

When auditing premises with AFD IO/FSA **must** consider and address any issues with false alarms as a **standard** part of the audit process and provide advice on how to reduce or eliminate these. The presence of AFD will indicate to

the IO/FSA the need to question the RP about the occurrence of any false alarms or UwFS produced by the system.

NOTE: Examples of typical questions on false alarm management are available in Section 8.

As part of the audit, IO/FSA should thoroughly examine any relevant documentation, where recorded, relating to the AFD and false alarms to check for compliance with The Order. This may include any testing or maintenance records, commissioning /modification certificates and logbooks.

NOTE: BS 5839-1 recommends keeping a logbook for recording all events that occur in respect of the system, including fire signals, fault signals, false alarms, and work on the system.

The IO/FSA should evaluate the management of false alarms and the fire detection and fire alarm system under the following articles and record any observations or deficiencies accordingly:

Article 9: IO/FSA should ensure the RP has made a suitable and sufficient fire risk assessment (FRA) relating to the fire detection and fire alarm measures. An increase in false alarms should trigger a review of the FRA under article 9(3). The review should provide an action plan and preventative measures to reduce or eliminate false alarms.

Article 11: IO/FSA should evaluate the fire safety arrangements regarding the AFD. This includes for example, planned testing and maintenance schedules; actions relating to any faults or false alarms or procedures for re-setting; gathering, and recording of information; and staff alarms (often referred to as 'seek and search') etc. This also includes the management of false alarms.

Article 13: IO/FSA should assess whether the fire detection and fire alarm system is suitable for the premises type and establish if it is designed and installed to relevant standards (e.g., BS 5839).

Article 15: IO/FSA should ensure that the fire detection and fire alarm system is a suitable system that supports the ES and EEP for the premises. People within the premises at a time of evacuation should receive sufficient warning in case of fire. A robust ES and EEP will ensure there is no complacency to act when an alarm is raised due to previous false alarms. IO/FSA should check fire action notices include instructions to call 999/112 or the fire service on discovery of a fire.

Article 17: IO/FSA should ensure any AFD is subject to a suitable system of maintenance e.g., in accordance with the relevant standards. Maintenance should be undertaken by a competent fire alarm engineer familiar with the system and should highlight any issues with the design, installation and/or management of the system, which could result in false alarms.

Article 18: IO/FSA should ensure the RP has appointed a competent fire alarm engineer to service their fire detection and fire alarm system and provide technical support to reduce or eliminate false alarms.

Article 21: IO/FSA should ensure the RP is providing staff with training relating to AFD and false alarm management such as, investigating alarms before calling LFB, not leaving cooking/toasting unattended, not smoking, or vaping in authorised areas etc.

Article 22: IO/FSA should ensure that where there are linked AFD between two different occupiers or between an RP and a Fire Alarm Monitoring Organisation (FAMO), that there is effective co-operation and co-ordination to enable them to comply with the requirements of The Order.

NOTE: This guidance cannot provide a complete checklist of what should be considered during the audit. IO/FSA should use their professional knowledge and experience to make a judgement that The Order is being applied correctly (e.g., not implementing recommendations of the FRA under article 8).

Enforcement

Only deficiencies identified in the management of false alarms can be addressed through informal/formal enforcement action. There are no articles within The Order that allows IO/FSA to take any action against the RP for transmitting false alarms to LFB

Where false alarms highlight deficiencies with the GFP, IO/FSA should consider the risk this poses to relevant persons and whether enforcement action is required.

When taking enforcement action, IO/FSA **must** identify to what extent the RP or article 5(3) duty holder (e.g., fire alarm engineer) is responsible for ensuring compliance or contractual obligations. IO/FSA may need to split the enforcement notice to ensure the identified deficiencies are served on the correct RP. For further advice on serving split notices or when to enforce on an article 5(3) person, the IO/FSA should contact **Central Regulatory Enforcement Group (CREG)**.

A copy of GN 54 should be sent to the RP with any enforcement action and the IO/FSA should include this in the 'instructions to admin' field, in the audit conclusion tab on the audit form.

Where pre-audit research indicated that there is a Primary Authority Partnership in place, the IO/FSA should follow the guidance on taking enforcement action on Primary Authority premises in [FSIGN 610](#).

UwFS Interventions

The Team Leader (TL) will decide locally when and what UwFS interventions are needed in their area, dependent upon their resources and the team planning process. For example, if there are 5 or more UwFS per year in a premises, TL may consider this excessive enough to warrant intervention via an [FS13 Job](#) or [FS01 audit](#), or both. TLs should also consider previous audit history and premises risk score in their decision making.

Where Fire Safety Audits are used to deal with high levels of false alarms and

UwFS, the staff resources used, and time spent to address the issues are recorded using the FS13 Job. [FSIGN 520](#) provides information on methods to deal with the strategies for call handling and filtering within premises.

The main purpose of the FS13 job activities is:

- to provide advice on automatic fire detection and fire alarm systems.
- to advise on reducing false alarms, either by providing general advice or through the FS01 audit process.
- to address UwFS by encouraging on site call filtering, and
- to review any enhanced AFA Pre-Determined Attendance (PDA) arrangements.

The IO/FSA must consider the most appropriate way to introduce effective change of unacceptable levels of UwFS calls. This may require anything from the provision of informal one-off guidance for premises with little UwFS/false alarm issues, to more comprehensive action, including:

Provision of GN54 'False alarms caused by automatic fire & smoke detection' and the information on our website: [Automatic fire alarms and false alarms | London Fire Brigade \(london-fire.gov.uk\)](#).

Establishing regular meetings with the appropriate persons to effect change. This may need to include the RP, the system maintainer, the competent person, or the building manager etc.

Ensuring an effective process is in place to identify the problems. For example, this could be planned effective maintenance of the current system, renewal of devices in the system, renewal of any cabling issues or effective training of staff in the system and how it operates.

Ensuring a remedial programme is scheduled within a reasonable time frame and that it includes clear objectives and targets to monitor and track the effectiveness of actions.

That filtering is the key objective where unacceptable levels of UwFS remain, and that filtering is only put in place when supported by a suitable system and appropriate management.

Taking informal or formal enforcement action against the RP if false alarm management or the maintenance of the system is the contributing factor to the levels of UwFS.

The FS13 job allows for informal/simple action to be taken with the minimum of recording (up to step 40.00). However, if the level of UwFS warrants intervention and reduction, then a more comprehensive approach can be followed using additional steps that will initially require the issue of a formal letter (step 60.00). Subsequent steps should provide for monitoring the progress of actions taken to reduce UwFS to an acceptable level (See [S500-FS13: Reducing false alarms and UwFS from AFA systems](#) for more details on the FS13 procedure).

Monitoring

TL can monitor premises with high levels of UwFS in their areas using AFA Quarterly report available within LFB Data (accessed via the 'Start' menu).

TL should regularly monitor the report and take any action as appropriate to address premises with excessive UwFS levels in their areas.

These reports are created using the information recorded by operational crews on the Brigade incident management system (IMS). Where significant inaccuracies are identified by the TL, IO, or FSA they should liaise with the local crews to improve incident recording.

Fire Alarm Monitoring Organisations (FAMO)

A FAMO is any organisation that provides remote fire alarm monitoring. They provide property protection services by monitoring fire alarms in unoccupied buildings and/or outside normal working hours. They also support vulnerable groups through monitoring fire alarms which are part of a social alarm system.

The [NFCC Code of Practice Best Practice for Summoning a Fire Response via Fire Alarm Monitoring Organisations](#), outlines best practice in improving the emergency response arrangements for AFD which are remotely monitored and for reducing the level of UwFS passed to LFB.

LFB have implemented this best practice in [PN 932 Establishing formal FAMO call handling arrangements through the Connection Agreement](#).

When auditing premises with an AFD link to a FAMO or an Alarm Receiving Centre (ARC), which is producing UwFS, the guidance in the NFCC code of practice or BS 9518 'Processing of alarm signals by an alarm receiving centre — Code of practice' for filtering fire alarm signals may assist the RP to reduce these.

IO/FSA should also consider Article 13(3)(c). This requires the RP, where necessary, to "arrange any necessary contacts with external emergency services, particularly as regards firefighting, rescue work, first-aid and emergency medical care".

According to the NFCC Collected Perceived Insights into and Application of the Fire Safety Order for the benefit of Enforcing Authorities, "necessary contacts with emergency services" means:

"Where there is a need to liaise with the emergency services about any special circumstances that may affect firefighting, rescue work or emergency medical care, responsible persons should arrange this.

It also includes the requirement that calls for emergency assistance are directed as appropriate e.g. an automatic fire alarm to directly notify the fire and rescue service (perhaps via an Alarm Receiving Centre) and having arrangements in place compelling a person or persons to make the fire call to report the fire".

Further guidance

Fire safety officers can find further information on false alarms and UwFS from the following resources:

[London Fire Brigade website.](#)

[Guidance Note 54 - False alarms caused by automatic fire & smoke detection.](#)

[HTM 05-03 Part B - Fire detection and alarm systems including the reduction of false alarm and unwanted fire signals.](#)

[NFCC - Guideline for the Reduction of False Alarms & Unwanted Fire Signals.](#)

[NFCC - Code of Practice Best Practice for Summoning a Fire Response via Fire Alarm Monitoring Organisations](#)

[FIA Guidance for Responsible Persons on False Alarm Management of Fire Detection and Alarm Systems.](#)

[BS 5839-1 - Fire detection and fire alarm systems in non-domestic premises Clause 3.19 and Clause 31\).](#)

[BS 9518 - Processing of alarm signals by an alarm receiving centre – Code of practice \(Clause 6\).](#)

Example questions for use during audits

These are examples of typical questions that IO/FSA can ask of the RP to determine the suitability of their arrangements regarding the fire detection and fire alarm systems. The answers to these can assist the IO/FSA in determine if any action is required to address the adequacy of the system and false alarm management:

Are you aware of the LFB revised policy on attending AFAs?

Do you have an automatic fire detection and fire alarm system installed?

Is your fire detection fire alarm system regularly tested and maintained in accordance with appropriate standards? (e.g. BS 5839 parts 1 and/or 6, or Annex I of BS 9999).

Do you record information on testing, maintenance, and false alarms in a logbook?

What are your procedures when the fire detection and fire alarm activates?

Have you had any false alarms?

Have you called LFB and have LFB attended after a false alarm call was initiated?

Are any false alarms sent to the LFB as calls through a Fire Alarm Monitoring Organisation or Alarm Receiving Centre and/or through the 999/112 system?

Are you aware that calling the LFB to a false alarm is known as an UwFS? (Explain that UwFS are a burden on Brigade resources etc.)

Does your fire alarm engineer attend after the LFB has visited the premises due to a false alarm? (This is for the maintainer to rectify any issues or faults immediately on the fire alarm system to avoid similar UwFS from the same device).

Does your fire alarm engineer(s) offer solutions to reduce false alarms?

Did you know that if you have false alarms you are required to manage these, and your maintenance engineers are required to offer solutions to stop these occurring and being passed to the LFB?

How long is your alarm investigation period and what actions do staff take in this time to confirm a false alarm or a genuine fire emergency?



Fire Safety Information & Guidance Note

FSR Ref:

The Fire Safety Audit - overview of principles and enforcement actions.

FSIGN 201

Old Inst.: FSIGN 203, 204, 205

Issue date: November 2022

200 Series: Audit Process

Summary

The London Fire Commissioner (the Commissioner) is the fire and rescue authority for London. The Commissioner is responsible for enforcing the Regulatory Reform (Fire Safety) Order 2005 (as amended) (The Order).

This Note is intended for internal use, providing information and guidance on the principles and process of a fire safety audit, the application of enforcement outcomes and the relevant legislation including The Order.

This Note is one of a series produced by the Prevention and Protection Policy and Strategy Group to provide additional advice and guidance to officers and Fire Safety Teams on various subjects related to their role. Where appropriate this Note should be used for learning and staff development purposes.

Contents

Summary	1
1 Introduction	2
2 Overview and principles of the Audit Process	2
3 Categories of Audits	3
4 Auditing	4
5 Enforcement Management Model and calculating the confirmed action ..	12
6 Audit outcomes and enforcement action	14
7 Non-Mobile Auditing: ‘Paper FS01 Audits’	17
8 Team Leader Vetting	17
9 Operational Considerations	18
10 Document History	19
Appendix 1 - Auditing multi occupied premises	20
Appendix 2 - Using ‘Paper FS01 Audits’	21

Introduction

This FSIGN provides an overview of the auditing principles to support Inspecting Officers (IO) and Fire Safety Advisors (FSA) to regulate premises under the [Regulatory Reform \(Fire Safety\) Order 2005 \(as amended\)](#) (The Order), any regulations made under article 24 of The Order, the [Regulators Code 2014](#) and the London Fire Brigade’s (LFB) [Enforcement Statement](#) and [Service Standard](#).

The [Fire Safety Act 2021](#) (the Act) amends article 6 of The Order to clarify that for any building containing two or more sets of domestic premises, The Order applies to the building’s structure, external walls, and any common parts, including flat entrance doors (FED). The external walls includes doors or windows in those walls and any attachments such as balconies.

The [Fire Safety \(England\) Regulations 2022](#) (the Regulations), made under article 24 of The Order, require the Responsible Person (RP) of multi-occupied residential buildings to take specific actions, depending on the height of the building, in addition to their existing duties under The Order.

Section 156 of the [Building Safety Act 2022](#) (BSA 2022) further amends The Order and imposes new duties on the responsible person (RP) to improve fire safety in all buildings regulated by The Order. These changes also ensure residents in a building containing two or more sets of domestic premises receive comprehensible and relevant fire safety information.

This FSIGN also provides an overview on evaluating the overall fire safety standard of premises, applying the Enforcement Management Model (EMM) and the audit/enforcement outcomes.

Overview and principles of the Audit Process

The overarching objective of the audit is for the IO/FSA to identify and evaluate whether there are adequate general fire precautions in place at the premises to ensure the safety of relevant persons in case of fire.

There are two types of audit that an IO/FSA can undertake, the Full Premises Inspection and a Sampling Audit. Both types of audit consist of two parts which can be completed in either order by the IO/FSA dependent on their preference:

Evaluation of the General Fire Precautions (GFPs) of the premises (i.e. a physical audit).

Evaluation of the fire safety management, maintenance, and arrangements.

A **Full Premises Inspection (FPI)** is a complete inspection of premises, particularly those housing vulnerable people, care premises, specialised housing, and purpose-built blocks of flats, to thoroughly evaluate the fire safety arrangements. IO/FSA should carry out a thorough inspection of the premises, including a visual inspection of the compartmentation and separation, and a detailed evaluation of the GFPs. This evaluation should include a detailed analysis of the management systems, the fire risk assessment, the evacuation strategy and emergency evacuation plan, any maintenance and training records, any external wall systems report and the firefighter access and facilities. IO/FSA should pay particular attention to the suitability of the evacuation strategy, especially the numbers of staff available (both during the day and at night) and their training to support the strategy. Further attention should be given to the fire detection and alarms system where zonal plans should be compatible with the system details. Any ancillary equipment added to the system should be checked for correct operation and suitability for the premises type. See paragraphs 4.34 to 4.39 for further details on the FPI process.

A **Sampling Audit (SA)** is an audit of simple low risk premises where persons in the building are typically 'awake familiar or awake unfamiliar' (e.g. small shops, offices, or industrial units with non-complex means of escape and simultaneous evacuation). IO/FSA should make an initial evaluation of the measures taken to reduce risk and to ensure that relevant persons are 'safe enough' in case of fire and that the RP has complied with their duties under The Order.

NOTE: Simple premises may range from low to high risk dependent upon the use, management, and maintenance of the premises. Where the premises is high risk, IO/FSA should determine whether a more detailed audit is required.

The IO/FSA should satisfy themselves through professional judgement that the

quality of the GFPs and fire safety arrangements are within tolerable limits as recognised by benchmark guidance. If the evaluation of fire precautions during a sampling audit reveals deficiencies that place relevant persons at risk, risks to people in case of fire, IO/FSA should consider if an FPI would be appropriate.

Categories of Audits

There are three categories of audit: Planned, Urgent and Demand Led. To ensure accurate recording and reporting of audits carried out by Prevention and Protection, IO/FSA must ensure that the correct audit category is always used. The categories are defined as follows (See [S200 FS01 procedure](#) for more information):

Planned Audits:

Two types of planned audits:

Programmed Audits are carried out based on LFB risk-based inspection programme (RBIP), which is generated by the Farynor system based on 'premises risk scores' arising from previous audits or applied by admin.

HQ Directed or Area Team Active Risk Targeting (ART) audits are audits involving premises types identified by Prevention and Protection Management, AFSMs or TLs as requiring specific targeting due to a particular type of risk, local knowledge, or emerging trends. For example, residential buildings above shops/commercial premises or ductwork fires in restaurants or takeaways.

Urgent Audits:

These are audits that should be done as a matter of urgency following receipt of information about an Alleged Fire Risk (AFR) in a premises (i.e. complaint from member of public, referral from local fire station) (See [FSIGN 423](#)), or the issue of an article 31 Prohibition/Restriction Notice outside of office hours. Other examples include, post fire/incidents (See [FSIGN 206](#)), response to enforcement activity or due to a temporary change to an evacuation strategy in blocks of flats etc.

Demand Led Audits

Audits carried out on demand, following internal or external notifications, or referrals about risk that are determined as non-urgent. Examples include, station notification forms, unwanted fire signals, audits in response to fire safety checks by fire stations (See [PN 875 'Visual audit including fire safety checks'](#) for more information) and 'reactive audits'.

NOTE: An IO/FSA can only raise 'Reactive Audits' on an ad hoc basis whilst out onsite, where they identify premises that may have potentially higher risks, which justifies an immediate audit to reduce risk. For example, a sleeping risk above commercial premises where the IO/FSA has noted separation concerns between them.

Auditing

Pre-Audit Checks

Before undertaking an audit, IO/FSA should carry out several pre-audit checks.

Please note the following list is not a definitive list and IO/FSA should determine which pre-audit checks are appropriate for the premises, except where checks are marked as must.

The IO/FSA must check the [Primary Authority Register website](#) to determine if the premises is in the Primary Authority scheme. If there is a partnership in place, IO/FSA must check for any Primary Authority Advice and/or Inspection Plans. These documents must be considered in relation to the audit and any proposed enforcement action. All reasonable attempts should be made to arrange an appointment prior to auditing premises in a Primary Authority partnership. See [FSIGN 610: Primary Authority \(Partnership\) Schemes](#) for further information.

The IO/FSA must check if an Operation Risk Database (ORD) entry and/or an Electronic Premises Information Plate (e-PIP) has been created for the premises. The information held by these databases should be confirmed during the audit, and any discrepancies or errors noted should be brought to the attention of the local Fire Station using the station notification process detailed in [FSIGN 113](#). See [PN 800: Management of Operational Risk Information](#) for more information.

NOTE: Any ORD or E-PIP entry can be found using [IMapping](#), by searching the premises address: clicking 'what would you like to do?'; 'Map Features'; 'Operation Risk'.

The IO/FSA should also check Farynor and the Fire Safety Portal (eFSF) to confirm the following:

- Name and contact details of the RP and/or duty holder (DH).
- Name and contact details of any Accountable Person (AP) and/or any Principle Accountable Person (PAP) in higher risk-buildings.
- Company address (particularly if a national or multi-site company).
- Detail of any fire protection measures, firefighting facilities, fire engineered solutions.
- Detail of any enforcement history, alterations, or prohibition notices.
- Any operational risk information e.g. previous station notification forms.
- Lone worker risks e.g. abusive behaviour by RP, premises linked with criminal activity etc.
- Records of the design and materials in external walls, and copies of the floor and building plans for high-rise residential buildings (HRRB) as required by the Regulations.

Check the Information Management System (IMS) for relevant incident information.

Check the high-rise building portal, where required, that the information required by the Regulations have been provided i.e. for the building plans, any reported faults, external wall information.

Check previous Operational and Fire Safety involvement at the premises using [IMapping](#) such as fires, special services, false alarms, fire safety checks, HFSV details, station visits, hydrants, listed building status etc. IMapping also has a measuring tool to size the premises and other useful information. IO/FSA should use the previous 3 years data from the date of the audit.

Check the [Care Quality Commission](#) for registered care homes and hospitals, [Companies House](#) for the RP details and the [National Heritage List for England](#) or [IMapping](#) for details on listed buildings.

For post fire/incident audits, IO/FSA should, where available, check any Senior Fire Safety Officer (SFSO) or Fire Investigation (FI) reports, as these may provide relevant information that should be reviewed as part of the audit. For example, what failed in the evacuation process that resulted in rescues or issues with access or equipment that delayed firefighting operations.

Making appointments for Audits

Wherever possible IO/FSA should book appointments for audits at premises. This may be critical if there are security/privacy measures (e.g. in specialised housing, healthcare, banks etc.), or where there are infection prevention control measures (e.g. care homes or hospitals). Unannounced visits at these premises may cause security issues or the relevant staff member(s) may not be onsite to assist during the audit. Appointments enable the RP or onsite representative (OSR) to gather all relevant documentation and provide access to the premises.

NOTE: Some housing providers are removing the 'Drop Lift Key' entry to blocks of flats due to security concerns. Therefore, access may be restricted.

Audits can be carried out as an unannounced visit, where necessary, at short notice, or if it is suspected that persons may be at risk. When unannounced visits are made, IO/FSA should consider the activities of the premises. For example, it may not always be practical to audit a restaurant during busy lunchtime serving hours.

Any IO/FSA that does not have a warrant card, does not have powers of entry under article 27 of The Order. Therefore, they will need to make an appointment and be invited onto the premises.

Audit not possible

Where IO/FSA are unable to audit the premises, they should complete a Gen 1 form and upload it to the case file. The job sheet on the Workload app should be completed as below:

Vacant Premises.

Time spent recorded at steps 40.00, 40.10 and 40.20. The premises must then be recorded as vacant/unoccupied in accordance with [FSIGN 115: RRL System](#).

Other Enforcing Authority (e.g. single private dwellings or Crown premises).

Time spent recorded at steps 40.00 and 40.10 and the audit cancelled

at step 40.99.

Refusal of Entry

If an occupier refuses an IO/FSA entry for valid reasons, a further appointment should be made. If the occupier appears to be obstructive without valid reason, or becomes abusive or aggressive, IO/FSA should confirm their powers under article 27 of The Order, referring to their warrant card and outlining their powers of inspection. If the occupier continues to be obstructive the audit should be terminated, and the occupier informed that they are committing an offence under The Order, which means they could be liable for prosecution.

The IO/FSA must then:

- Make contemporaneous notes in a legal notebook including the time, date, address of premises, name, role and description of the person obstructing the audit, name of any witnesses, detail of what was said and done by the IO/FSA and person obstructing the audit.
- Place a note in the lone worker risk field on the audit form or on Farynor.
- Notify the Team Leader (TL) or Deputy Team Leader (DTL).
- Consult with Central Regulation Enforcement Group (CREG).

Commencing an audit

Audits should begin with the IO/FSA identifying themselves and producing their identification card and authenticated warrant. In multi-occupied premises, there may be several RP and/or representatives e.g. occupiers, building manager etc. that need to be aware of the visit.

The IO/FSA should inform the RP/OSR of the following:

The purpose of the audit, including a brief reference to The Order, LFB role and the opportunity to provide advice and guidance. It should be made clear that it is not for the IO/FSA to carry out the FRA for the premises and that the responsibility for complying with The Order lies with the RP.

The scope of the audit and approximate duration. This can include an outline of what areas and/or systems are to be inspected/sampled, the required documentation to be viewed or sampled and with whom the IO/FSA may need to speak to.

The IO/FSA must verify or enter the location/property/protection detail on the audit form:

For previously audited (i.e. known) premises, the location/property/protection detail may be pre-populated. The IO/FSA must check this information is correct and make amendments where necessary.

If changes are required to the address, alias address or enforcement history, IO/FSA should notify FSR admin via the 'notes to admin' field on the audit conclusion page.

For previously unaudited (i.e. unknown) premises, the location/property

detail and contact fields will be blank. The IO/FSA must gather this information and enter it on the audit form.

Auditing

Part 1 – Evaluation of General Fire Precautions

Safety Critical Articles

The IO/FSA should assess the ‘safety critical articles’ of The Order on every audit. These are those considered most important to the safety of persons in case of fire. They are:

- Article 9: Fire Risk Assessment (FRA)
- Article 11: Fire safety arrangements
- Article 13: Fire detection and fire alarms
- Article 14: Means of escape
- Article 15: Emergency plan
- Article 17: Maintenance
- Article 21: Training
- Article 21A: Provision of information to residents of domestic premises

NOTE: In HRRBs article 38: Maintenance of Fire-fighter facilities, is also categorised as safety critical.

To assess the safety critical articles, IO/FSA should carry out a physical inspection of the premises (i.e. the physical audit). This gives IO/FSA the opportunity to sample and evaluate the GFPs. This includes, but is not limited to the following:

Final exits and critical escape routes e.g. corridors, staircases, and external routes.

Fire doors, fire stopping and compartmentation that supports the evacuation strategy.

Higher risk areas such as kitchens, electrical intake rooms or other rooms with significant fire loading / ignition sources or storage of dangerous substances etc.

Capacities/areas of significant public gathering e.g. halls, bars, dance floors, auditoriums.

The exit capacity is adequate for maximum numbers.

Fire safety systems such as suppression systems, fire detection and fire alarm systems, smoke control, evacuation lifts, automatic door release mechanisms, etc.

The storage or charging of electrically powered vehicles and light electric vehicles e.g. mobility scooters, e-scooters, e-bikes, and electric cars etc.

Display of fire safety instructions in multi-occupied residential buildings.

Residents provided with relevant fire safety matters e.g. notice boards.

In addition to the above, the following should also be considered in premises containing one or more domestic premises as clarified by the Act:

FEDs (where appropriate and safe to do so).

External wall systems and any attachments to those walls (e.g. balconies, solar shading devices, photovoltaic (solar) panels etc.)

Balconies and potential fire spread e.g. barbeques, fire loading, materials,

smoking etc.

The buildings structure (e.g. timber frame, modern methods of construction etc.) or structural fire resistance e.g. any visual issues/defects to compartmentation and/or separation (i.e. walls and floors). During an audit this should be limited to what is accessible and visible from the common parts.

In multi-occupied residential buildings, IO/FSA should also assess compliance with the Fire Safety (England) Regulations 2022 and the relevant amendments to The Order enacted by Section 156 of BSA 2022 (See [FSIGN 420](#) for more information).

Relevant Optional Articles

Where premises have specific features that need auditing or where fire safety deficiencies not covered by the safety critical articles are noted, IO/FSA should extend the audit to assess the relevant 'optional article(s)' of The Order. They are:

- Article 8: General Fire Precautions (deficiencies not recorded under any other article).
- Article 10: Principles of prevention to be applied.
- Article 12: Dangerous substances.
- Article 13: Firefighting equipment.
- Article 16: Measures for dealing with dangerous substances.
- Article 18: Safety assistance.
- Article 19: Employee information.
- Article 20: Information to employers.
- Article 22: Co-operation and Co-ordination.
- Article 22A: Provision of information to new responsible person.
- Article 22B: Co-operation with accountable persons.
- Article 23: General duties of employees at work.
- Article 37: Fire-fighter switches.
- Article 38: Maintenance of Fire-fighter facilities.

To assess the optional articles IO/FSA should audit the following (this is not an exhaustive list):

- Firefighting equipment.
- Firefighting access & facilities e.g. rising mains, lifts, wayfinding, secure information boxes, evacuation alert systems, floor and building plans etc.
- Dangerous substances.
- Co-operation and co-ordination between RPs in multi-occupied premises.
- Co-operation and co-ordination between RP and AP/PAP in higher-risk buildings
- Catering kitchen ductwork.
- Fire separation between occupancy types.
- The use of competence persons.
- Information provided to outside undertakings e.g. contractors.
- Alternative fuel sources e.g. photovoltaic (solar) panels, bulk energy storage systems etc.

Optional articles automatically default to 'not checked' or 'not applicable' on the

audit form. IO/FSA are **not** required to mark optional articles 'broadly compliant' if they are not sampled.

Physical Audit

The IO/FSA should physically inspect/sample sufficient GFP to satisfy themselves that relevant persons are 'safe enough' in case of fire. This will include **all** safety critical articles and any relevant optional articles as appropriate. There is no need for the IO/FSA to audit all the premises in a sampling audit, only enough to determine compliance with The Order.

During the physical audit, IO/FSA should review the GFP and life safety systems and make observations in the relevant article fields of the audit form. Where an IO/FSA has doubt over the functionality of a life safety system they may ask the RP/DH to demonstrate it is in an efficient state, in efficient working order and in good repair. For example, closing fire doors with automatic hold-open devices to ensure they close fully into their frame or testing the operation of an automatic opening ventilation system.

The IO/FSA are not expected to test any fire safety systems themselves, if required this should be arranged with the RP. Where fire safety systems are found to be deficient, the IO/FSA should consider whether any interim measures are required.

NOTE: IO/FSA **must** record which areas they have sampled in the audit conclusion. This should be a list and not indicated as a percentage.

Where there is evidence of a poor fire safety standard and/or poor fire safety management during the audit of the safety critical articles (i.e. a number of deficiencies identified under the safety critical articles), IO/FSA should consider whether a FPI may be required that would include all the relevant optional articles and greater scrutiny.

Part 2 - Evaluation of fire safety management, maintenance, and arrangements

A lack of management, maintenance and arrangements can cause safe conditions to deteriorate over time, meaning that safety in case of fire cannot be guaranteed. The purpose of auditing is to check that the GFPs (i.e. physical safety critical features, fire safety systems, staff training and fire drills) are, and will be, sustained.

To audit the fire safety arrangements, IO/FSA should question the RP/DH about the management systems in place e.g. testing and maintenance regimes, final exit and means of escape checks, how to report fire safety deficiencies and the emergency procedures etc. Compliance with the Section 156 amendments to The Order and the inclusion of Articles 21A and 22A require the IO/FSA to check these details as well. Questioning allows IO/FSA to determine whether the RP/DH has a good understanding of the fire risks and measures taken to mitigate these. IO/FSA may also wish to question staff to check staff training and their understanding of actions to take in case of a fire etc.

To further evaluate the fire safety management, maintenance and arrangements, IO/FSA should review all available documentation relating to fire safety, where recorded, to assess whether these documents demonstrate

compliance with The Order and any regulations made under article 24. Such documents and records, although not an exhaustive list, include:

The recorded FRA for all premises.

Fire Safety Policies or other related policies e.g. smoking/vaping policies.

Staff training records and employees' capabilities (see [The Fire Safety \(Employees' Capabilities\) \(England\) Regulations 2010](#)).

Information provided to residents through the Regulations and Section 156 BSA2022.

Fire evacuation drill logs.

Personal Emergency Evacuation Plans (PEEPS) and Person-Centred Fire Risk Assessments (PCFRA).

Testing, maintenance, service, or commissioning records of fire safety systems (e.g. emergency escape lighting, smoke control and firefighting equipment).

Monthly checks of lifts and essential firefighting equipment in high-rise residential buildings.

Fire detection and fire alarm logbook, including management of false alarms (see [FSIGN 209 The Reduction of False Alarms and Unwanted Fire Signals](#)).

Fire risk appraisal of external walls (FRAEW).

Catering Ductwork Post-Clean Verification of Cleanliness report.

Record of monthly checks of lifts and essential fire-fighting equipment (See the Regulations).

Contents of Secure Information Box e.g. name, address and contact of the RP, floor plans etc.

Checks and maintenance of fire doors include FEDs and associated hardware.

The IO/FSA should carry out a more comprehensive inspection of these documents and records when undertaking an FPI. All documents checked should be recorded in the relevant article's observations or the audit conclusion.

As it is not a requirement of article 17 or 38 of The Order to keep maintenance records, you may find on occasion that there are no documents to review. In these circumstances, questioning of both the RP/OSR is vitally important to ensure that maintenance and testing is taking place and by competent persons. This is the same for staff training under article 21.

Where documentation is not available onsite to review, IO/FSA should request these are e-mailed to them to be viewed via their mobile working device whilst at the premises. Where this is not possible, records should be assessed post audit and the RP contacted to discuss any issues.

Full Premises Inspection

This should comply with all the details in Parts 1 and 2 above but in far greater detail than a SA and should include all relevant option articles as standard. During the physical audit, IO/FSA should inspect all accessible areas of the premises and carry out a detailed assessment and evaluation of the fire protection measures. The second part of a FPI involves a detailed evaluation and assessment of the GFPs, the FRA and the fire safety

management, maintenance, and monitoring arrangements. These audits should be carried out with the RP or a site representative to provide access to all required areas and information.

With regard to the management arrangements, it is expected that the IO/FSA conducting the FPI will evaluate in greater detail the records of the systems in place, their testing and maintenance arrangements, and that these are reflected in the standards found by the IO/FSA, whilst auditing the physical features of the premises.

The emergency plan and evacuation strategy should be discussed at length to decide whether it is suitable, sufficient, and achievable given the premises type and the ability of occupiers to evacuate. Evidence should be seen that appropriate quality training and refresher training has been undertaken by the staff in this plan and that sufficient staffing levels will always be available to put the emergency plan into operation, especially when few staff are on duty, such as during night time hours.

The emergency plan and evacuation strategy should always be site specific and be detailed in the FRA as suitable for the premises, with a fire detection and fire alarm system and passive/active fire systems that supports the strategy. As part of their training, staff should be aware of the plan, the fire alarm system, the abilities/vulnerabilities of people, and the methods required to commence and complete evacuation if necessary. The detail of PEEPs and PCFRA's should also be inspected to ensure any specific measure for evacuation of an individual are able to be undertaken at all material times, such as, additional training on the use of evacuation equipment e.g. evacuation chairs, skids etc. As part of this detailed evaluation of the evacuation plan, staff should be questioned about their training, knowledge, and capability to put the plan into practice.

Appropriate resident engagement should be taking place and the residents should be fully aware of the evacuation strategy and how to evacuate in an emergency, whether the strategy is 'stay put', simultaneous evacuation, progressive horizontal evacuation or other.

NOTE: Reference should be made to FSIGN 421 and 422 and the checklists within, for additional detail in the undertaking of FPI in premises with vulnerable sleeping risk. [FSIGN 420](#) provides additional detail on auditing multi-occupied residential premises, including purpose-built blocks of flats, the Act, and the Regulations.

Audit Processing

The IO/FSA must evaluate and 'score' each relevant article of The Order as part of the audit process. These can be scored as 'Broadly Compliant' where there are no or very low risks to relevant persons. Where fire safety deficiencies are identified that may place one or more persons at risk in case of fire, IO/FSA can score as either 'low risk' or 'high risk' depending upon the likelihood and severity of harm because of the deficiencies found.

NOTE: Some articles (e.g. article 15) are scored as 'compliant' or 'non-compliant'.

If the IO/FSA scores an article as low risk, high risk or non-compliant they must make sufficient observation notes against each article to assist them to evaluate the GFPs and determine any necessary enforcement actions. These notes also assist those vetting the audit.

Where deficiencies in the GFPs result in an IO/FSA scoring an article as 'low risk, high risk or non-compliant', the IO/FSA must enter the reason for failure and the remedy on the audit form, as these notes will form the Schedule for any informal or formal enforcement action. See [FSIGN 308: Enforcement Notice](#) for further information on drafting failures and remedies.

NOTE: Where the audit outcome is Level 1 Verbal Action, competent IO/FSA are not required to complete the failure and remedy sections on the audit form for any articles scored as low or high risk, as no schedule is needed. This is **only** acceptable, if the information relating to these failures and any recommended action is recorded elsewhere within the audit form, i.e. in the observation notes field for the article or in the audit conclusion.

The FSO1 Form has a feature ('set all too broadly compliant') that allows competent IO/FSA to score all safety critical articles as broadly compliant automatically. IO/FSA can **only** use it for simple, very low risk non-sleeping premises (for example small shops, offices or single industrial units), that have adequate means of escape, fire detection and fire alarm systems, no Unwanted Fire Signals and no significant deficiencies or risks to persons identified in the safety critical articles. When this feature is used, IO/FSA **must** provide a suitable and sufficient summary in the audit conclusion detailing why they deemed the premises broadly compliant.

To ensure the accuracy of the information gathered, all audits forms should be submitted for vetting or completed within 28 days from the date the audit, unless in exceptional circumstances agreed by the TL or CREG.

Safety Issues identified during an audit

At the commencement of or during an audit if an IO/FSA finds themselves in a situation that they find uncomfortable or where they feel personally threatened, they should consider:

Immediately removing themselves from situations that pose a threat to their personal safety.

Use their MySOS device or mobile telephone. See [FSIGN 119](#) for more information.

Contact their Line Manager to report the issues and seek guidance on any action required.

Record Lone Worker risks (general site/specific premises) on the audit form.

Public safety issues identified during an audit

IO/FSA must have an awareness of [PN 736 'Safeguarding of adults at risk'](#) and [PN 305 'Safeguarding of children at risk'](#), which contain referral paths for safeguarding issues and [PN 829 'hoarding'](#).

If an IO/FSA becomes aware of anyone who is at risk of abuse or neglect from

themselves or others they have a responsibility to make a safeguarding referral via the [Person At Risk \(PAR\) form](#) as per the policies above.

Consideration should also be given to raising a welfare concern via the [Person At Risk \(PAR\) form](#) if the occupant has welfare needs e.g. no heating, no lighting, no food, vermin infestation etc.

If other public safety issues are identified (e.g. criminal/illegal acts, illegal house of multiple occupancy (HMO), inappropriate sleeping accommodation, potential modern slavery/abuse/ poor working conditions) the IO/FSA should do the following:

Consider personal safety and remove themselves from any situation that poses a threat.

Contact their TL/DTL to report the issues and seek guidance on any action required.

Contact the police or relevant authorities.

Use their MySOS device if they feel threatened.

Where appropriate IO/FSA should send a Station Notification form.

If an IO/FSA becomes aware of a resident whose behaviour/characteristics increase the risk of fire and/or make them less able to react to and/or escape from a fire, they should promote the benefit of a Home Fire Safety Visit (HFSV). These visits may be especially beneficial, where IO/FSA have concerns about fire spread from a resident's balcony (e.g. BBQs, smoking or fire loading) to which they do not have access to during an audit. IO/FSA should be aware that anyone is able to book an HFSV by completing the online form on the LFB website. See [PN 926 'HFSV - Management and Planning'](#) for more information.

Health and Safety Issues identified during an audit

Where IO/FSA identify non-fire related health and safety issues during an audit, these should be reported to the relevant authority. Examples include inappropriate storage of explosives, fireworks, ammunition and/or black powder. IO/FSA should record any referral to another enforcing authority in the audit conclusion.

Evaluating Overall Fire Safety Standard and Audit Conclusion

When an IO/FSA has completed both parts of an audit, they must evaluate the overall fire safety standard on the premises as either 'broadly compliant', 'low risk' or 'high risk'. This evaluation must take account how the safety critical and relevant optional articles are scored to determine the overall collective effect and impact of any deficiencies in the GFPs.

NOTE: The IO/FSA must record a justification for the overall fire safety standard selected in the audit conclusion, even when broadly compliant. Where they have included deficiencies to be included on a notice, they must why they are of the opinion it has contravened The Order.

NOTE: Where IO/FSA have scored any safety critical article as low risk, high risk, or non-compliant the 'overall fire safety standard' in the audit conclusion cannot be scored as broadly compliant.

Once the overall fire safety standard has been selected, the audit form will automatically calculate the 'Initial Enforcement Expectation' (IEE) based on the scoring detailed in [FSIGN 203](#) and Appendix 1 of [FSIGN 420](#) for HRRB. The IEE gives an indication of the audit outcome and potential enforcement action.

The IEE should not change unless discussed with the TL/DTL or using the EMM. If the IEE is changed without application of EMM, IO/FSA should record the reasoning within the audit conclusion e.g. re-scoring an article or scoring an additional optional article.

When concluding an audit, the IO/FSA should discuss the following with the RP/OSR:

The outcome and any verbal advice on risks, improving standards or business continuity.

Any immediate or remedial actions needed to remove, reduce or control identified risks.

Any potential level of any enforcement action generated by the IEE.

Agreed timescale for any remedial actions.

The IO/FSA should record the discussion with the RP in the audit conclusion and where possible, obtain a signature on the Audit Form. Where an audit conclusion meeting is not possible onsite, IO/FSA should contact the RP/OSR within 3 working days to discuss the outcomes of the audit. The IO/FSA should confirm the verbal advice via e-mail or by a 'FS01_01: Premises Broadly Compliant Letter' to the RP within 10 working days of the audit.

The audit conclusion must contain details of what has been sampled/inspected by the IO/FSA during the audit i.e. areas checked (e.g. west staircase) and the reason for audit etc.

Enforcement Management Model and calculating the confirmed action

The Enforcement Management Model (EMM) allows IO/FSA to make consistent, reasonable, and proportionate enforcement decisions based on clear guidelines, which will be robust if challenged, and auditable. This tool allows IO/FSA to verify the IEE following an audit.

The EMM can be used to raise or lower the enforcement level if the IEE is, in the professional judgement of the IO/FSA, not appropriate given all the circumstances of the case as outlined below. The IO/FSA can alter the IEE outcome by one level after the application of the EMM, whereas TLs and CREG can raise or lower the enforcement by more than one level.

The application of the EMM is only to be used where the IEE is Level 2 and above. Where the IEE is Level 1 and an IO/FSA or TL deems it necessary to take informal or formal enforcement action, they should consider the risk against the scoring of the audit and rescore the relevant articles where appropriate to alter the IEE. Where an audit outcome deviates from the original IEE, the justification for this must be recorded in the audit

conclusion.

NOTE: the “consider EMM” button located in the audit conclusion page of the audit form is a mandatory step and must be completed to progress all audits, even those that have a broadly compliant outcome. The reason the “consider EMM” button is still a mandatory step on broadly compliant audit outcomes is only due to the functionality of the audit app. When fire safety officers have a broadly compliant audit outcome, they are not to alter the IEE and should select and confirm broadly compliant in the “consider EMM” drop down list.

The EMM consists of two series of questions:

Responsible Person Factors.
Strategic Factors.

Responsible Person Factors and Flowchart (see FSIGN 203 for details)

The IO/FSA must consider the RP factors for audits that have an IEE of a level 2 NoD or above.

RP factors are specific to the RP and their activities e.g. the RPs attitude towards fire safety and history of incidents or enforcement action. They can be used to confirm the IEE or alter the enforcement level up or down by one level, e.g. from a NoD to an EN, or from an EN to NoD.

A management review meeting should take place between the IO/FSA and TL/DTL to discuss the application of the RP factors. The outcome of the management review meeting should be documented in the audit conclusion on the audit form.

Strategic Factors and Flowchart (see FSIGN 203 for details)

The IO/FSA must apply the strategic factors for audits that have an IEE of a level 4 EN or above.

These are a range of strategic factors that may impact the final enforcement decision. IO/FSA must be satisfied that the IEE:

coincides with public interest.
protects vulnerable groups (e.g. children, patients, and older persons).
achieves sustained compliance with The Order and reduces the risk to an acceptable level.
has a positive impact in social/political terms.

When considering public interest, IO/FSA and their TL/DTL must satisfy themselves that the proposed action will produce a net benefit to the wider community in terms of reducing risk, and in the costs of pursuing a particular course of action. Some of the factors to be considered are detailed in LFB Enforcement Policy Statement. Every situation is unique and the public interest factors for and against a given enforcement activity need to be balanced.

Certain issues may have a significant bearing on public expectation e.g. fatal fires involving vulnerable groups such as children or older persons. While public expectation must be carefully considered, it should not determine

the action taken.

A management review meeting should take place between the IO/FSA and TL/DTL to discuss the application of the strategic factors. The outcome of the management review meeting should be documented in the audit conclusion or management review field on the audit form.

Confirming the enforcement level and actions

Once the EMM has been applied, the IO/FSA should tick the 'considered EMM' box and select the 'confirmed action' on the audit form. If the IEE is different from the confirmed action, the IO/FSA **must** enter a suitable justification in the pop-up field for raising or lowering the enforcement level.

The TL should review any audit that has had the enforcement level altered and the IO/FSA should set the audit form for TL review. This process confirms that the TL is satisfied with the comments in the audit conclusion regarding the management review meeting.

Before taking any enforcement action, IO/FSA must determine if the business is in the Primary Authority Partnership scheme, as this may affect the enforcement activity taken and/or the persons who need to be notified. See [FSIGN 610: Primary Authority Schemes](#).

The IO/FSA should not select 'confirm action' until they are satisfied with the score for each article; the score for the 'overall fire safety standard' and the EMM has been considered and applied. Once the action is confirmed, the audit form is locked against any further changes.

Where the application of the EMM or following a discussion with the TL/DTL changes the IEE, IO/FSA must inform the RP/OSR of the confirmed audit outcome and discuss potential timescales for any proposed enforcement action.

Audit outcomes and enforcement action

There are five potential audit outcomes, four of which result in a level of enforcement action. These audit outcomes are:

Verbal Action – Level 1

Verbal Action is likely to be used in the following circumstances:

There are adequate GFP and relevant persons are at very low risk in case of fire.

The RP/DH is compliant or broadly compliant with The Order, but additional measures would further reduce the risk.

The RP/DH demonstrates a positive attitude to fire safety and agrees to take any minor remedial actions required.

IO/FSA **must** record why they are of the opinion that the premises are broadly compliant with The Order in the audit conclusion.

Verbal action is an important part of the audit process to assist the RP/DH to

further raise fire safety standards and/or implement measures for the safety of firefighters. Any verbal advice given during an audit should be recorded in the relevant sections on the audit form.

Where verbal advice is given, IO/FSA should confirm this by e-mail or a FS01_01: Premises Broadly Compliant Letter, detailing the advice, with a copy uploaded to the case file.

Due to the way Relative Risk Level (RRL) scores are rounded up/down, there are occasions when a 'Verbal Action' outcome does not make enough difference to reduce the RRL sufficiently to move the premises down the RRL matrix (FSIGN 115).

Taking the information written above into account, and the need for the Commissioner to demonstrate that its intervention activity is viable, the following applies: IOs and FSAs, when re-visiting premises as part of the programmed re-inspection process (or any other re-visit), should note the existing RRL score. Where, on auditing the premises, the new RRL is the same as the previous recorded outcome, this may not demonstrate that the intervention activity of the Commissioner has sufficient impact. Therefore, officers should, using their own professional judgement, consider lowering the RRL by at least 0.25, or to a level commensurate with the risk that the premises poses. This is to be agreed and sanctioned by the TL, and an RRL set that will ensure that the Commissioner can demonstrate that intervention activity is a viable method of reducing risk in London. Any reduction considered for an RRL must be maintained within its own FSEC Code.

IO/FSA will record the new RRL, and the justification for this, in the 'Instructions to Admin' box on the electronic audit form. This will generate an email for admin to change the RRL on Farynor.

Following an intervention, if the RRL decreases below RRL 5, the premises would move to the sampling/monitoring area of the RRL matrix. In these circumstances, the property must be assessed against the 6 NFCC Risk Categories (Risk Prioritisation Process Appendix A)

- Societal
- Individual
- Community
- Firefighter
- Environmental
- Heritage

Where one or more of the above 6 risk categories has been identified, and where this risk cannot be further reduced by actions recommended by the Officer, the RRL should stay at level 5 to ensure that the premises remains in the Reinspection Programme. An explanation of this outcome will be recorded in the audit conclusion following discussion with the Team Leader.

Notification of Fire Safety Deficiencies (NoD) – Levels 2 and 3

A NoD can be issued where IO/FSA identify deficiencies with the GFPs, where there is a low risk of harm to persons in case of fire. They can be used where the IO/FSA wants to provide a formal written record of the

deficiencies.

IO/FSA must record why they are of the opinion that the deficiencies have contravened The Order i.e. the inclusion of a failing on a NoD needs sufficient justification.

There are two levels of NoD; a level 2 NoD can be issued for minor/less serious deficiencies with the GFPs, and a level 3 NoD for all other low risk deficiencies.

A NoD must be used in the following circumstances:

To address less risk critical deficiencies in the preventative and protective measures or management arrangements.

If the same or similar deficiencies were previously brought to the RP/DHs attention via verbal action and no action has been taken to rectify the deficiencies.

Where IO/FSA has a lack of confidence that the RP will adequately address the deficiencies.

Follow-up re-inspections are not mandatory for NoDs, although IO/FSA can request follow-up visits where they deem them necessary, subject to a management review with the TL. NoD follow ups should be in accordance with the [S300-FS16 procedures](#).

Any NoD issued on a higher risk premises e.g. care homes, hospitals or HRRBs etc. must always be followed up. Follow ups are also recommended in low or medium rise purpose-built block of flats where the NoD includes compartmentation, FEDs, structure, or external wall systems.

NOTE: Follow-ups on NoDs in lower risk premises may be carried out with a desktop audit to check compliance.

NOTE: There may also be important information on NoDs that IO/FSA must take note of in the FSIGNS for specific premises. For example, [FSIGN 211: Auditing heritage premises](#), details the consultation process with the Local Authority Conservation Officer. Any NoD sent must be copied to the Conservation Officer.

Enforcement Notice (article 30) – Level 4

An enforcement notice (EN) should be served when deficiencies pose a high risk of harm to relevant persons in case of fire and which if rectified would remove or reduce the risk level. Due to the risk to relevant persons, a set timescale is given to rectify the deficiencies identified.

IO/FSA must record why they are of the opinion that the deficiencies have contravened The Order i.e. the inclusion on a EN needs sufficient justification.

An EN is a statutory notice. Failure to comply with the requirements of an EN is an offence under The Order. All ENs must be followed-up in accordance with the [S300-FS03a procedure](#), to check the EN has been complied with and the risk removed or reduced to tolerable levels.

An EN may be used in the following circumstances:

To address high risk deficiencies in GFP or fire safety management. The RP/DH demonstrates a negative attitude to fire safety and taking remedial actions.

The same or similar deficiencies were previously brought to the RP/DH attention via a NoD and no action has been taken to rectify the deficiencies.

NOTE: For further information on ENs, see [FSIGN 308: Enforcement Notice](#). There may also be important information on ENs that IO/FSA must take note of in the FSIGNS for specific premises. For example, [FSIGN 211: Auditing heritage premises](#), details the enforcement consultation process with the Local Authority Conservation Officer. Any Notice sent must be copied to the Conservation Officer.

Enforcement Notice (Consider Prosecution) – Level 5

Where the IEE is enforcement notice (consider prosecution), IO/FSA/TL **must not** use the EMM to alter this and should always consider prosecution. IO/FSA should complete a 'FS_F_14 notification of fire safety investigation form' in accordance with [FSIGN 304: Investigation of possible offences](#). Where the IEE is Level 5, the IO/FSA and TL should have a management review meeting and record the outcome in the audit conclusion.

For more information also on prosecutions and cautions, see [FSIGN 305 and FSIGN 306](#).

Prohibition/Restriction Notice (article 31)

Prohibition notices (PN) or restriction notices (RN) are not an enforcement outcome from the audit process. They are served when the risk to relevant persons is so serious that the use of the premises ought to be prohibited or restricted, usually due to matters affecting means of escape, ignition sources, and the potential for rapid development of fire and smoke. See [FSIGN 309](#).

Non-Mobile Auditing: 'Paper FS01 Audits'

The IO/FSA will normally process their audits form and enforcement schedules on the Fire Safety App. However, there will be occasions where staff will not have access to their MWT and/or ICT systems. For example:

- Not having access to a MWT because it is lost, damaged or stolen.
- Prolonged hardware or software issue and/or failure of ICT infrastructure.
- Instruction from FSR Management e.g. due to a safety or security risk.

On such occasions, there are two Paper Audit Forms to enable IO/FSA to continue to process audits by replicating the mobile audit form:

FS01_09 Paper Audit Form - is for printing for completion manually during the audit.

FS01_09 Electronic Audit Form - is for completion on the desktop PC and emailed to FSR Admin for processing if the audit has resulted in a NOD or EN.

Appendix 2 provides detailed information on 'Paper FS01 Audits'.

NOTE: This does not include desktop audit forms, which should be completed in accordance with [FSIGN 212](#).

Team Leader Vetting

Other than when listed in paragraph 8.3, audits by competent IO/FSA that result in Verbal Action do not always require Team Leader (TL) or Deputy Team Leader (DTL) vetting or FSR Admin involvement to process the job. Competent IO/FSA can submit the completed audit form straight to Farynor by selecting the submit icon. The information entered on the audit form under the Location/Property detail are updated to the property detail tab on Farynor and a copy of the audit form saved to the documents tab.

It is vital that address and audit details are correctly completed by the IO/FSA before submitting. This includes the premises size, as this affects the risk rating of the property.

The following audits must always be vetted by TL/DTL:

- Sleeping premises with vulnerable occupants (e.g. care homes, hospitals, hotels, hostels) and HRRBs.
- Full Premises Inspections.
- Audits by an IO/FSA on development.
- Audits where the IEE has been altered by the application of the EMM (Level 2 and above) or for exceptional deviations.
- Audits resulting in any enforcement action.
- Where requested by the TL/DTL for quality assurance purposes or management review.
- Where requested by the Quality Assurance team.

The TL is required to monitor work submitted by the IO/FSA in the 'Review Jobs' screen under the Mobile Working module in Farynor. The approval process requires the TL to click on, open the Audit form, and review the contents submitted by the IO/FSA. In most cases, this should be undertaken within 5 working days from the date of submission.

If an audit form contains errors, the TL/DTL can amend minor mistakes or reject the audit form, which sends it back to the IO/FSA mobile device for correction. If the TL/DTL rejects a form, they must explain the reasons for the rejection. When a form is approved, the job is submitted to the workload for Admin to process.

Audits, especially those with a level 4 or 5 outcome, may also be vetted by CREG for Quality Assurance or other purposes.

Operational Considerations

As well as checking compliance with The Order, a fundamental part of an audit is for IO/FSA to assess the access, facilities, equipment, and devices provided for the use by or protection of firefighters. As well as fire safety related design elements that may affect firefighting tactics e.g. combustible

cladding, evacuation alert systems etc.

NOTE: Any maintenance issues with firefighter facilities are dealt with under article 38.

To ensure the effective planning for firefighting and safety of firefighters, where IO/FSA identify any risks to operational crews, for example (this is not an exhaustive list):

- poor access/facilities.
- dangerous substances.
- oxygen cylinders.
- unusual/complex layout etc.
- black powder storage.
- lack of compartmentation.
- higher than usual fire loading.
- salvage plans in place.

they should notify stations using the [SFS A020_a2a](#) station notification form in accordance with [FSIGN 113](#) and [PN 784](#).

Where operational risk information is identified that needs to be made available to crews immediately, this should be passed over to the relevant Watch Officer for consideration or inclusion on the ORD in the most expedient way, for example in person or via the telephone. This must still be followed up by a Station Notification SFS_A020_a2a Form following the normal procedure.

Document History

Impact assessments

Equality		Sustainability	
Health, Safety & Welfare	xx/mm/yy yy	Risk Assessment	xx/mm/yy yy

Audit trail

Listed below is a brief audit trail, detailing amendments made to this policy/procedure.

Page/para nos.	Brief description of change	Date
All	New Document	28/02/2012
All	Minor amendments throughout	06/12/2013
	Addition of references to PAPS	15/01/2015
	Updated to reflect withdrawn FS14	12/05/2015
All document	Complete revision	14/06/2017
All	Changed to support new LFC governance	01/04/2018
All document	Complete revision and introduction of the Full Premises Inspection	15/04/2019
All	Full revision implementing the Fire Safety Act 2021, changes to pre-audit checks and audit types.	01/05/2022
All	Full revision to incorporate the Fire Safety (England) Regulations 2022 and other minor amendments.	13/10/2022
6.6 to 6.10	Instruction to support a demonstration of a reduction in risk level when audits result in broadly compliant/verbal action outcome.	21/04/2023
All	Revised to include Section 156 Building Safety Act 2022 amendments to The Order. Added LFB high-	01/10/2022

	rise building portal as pre-audit check in para. 4.6.	3
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Appendix 1 – Auditing multi occupied premises

Multi Occupied premises – extent of responsibility of occupiers

- 1 In multi-occupied premises, there may be several RP/DH and AP/PAP for several separate occupied areas. There will be a RP for the common MoE routes, staircases and/or common fire alarm/lighting systems. (E.g. a managing agent, building manager or building owner. These are usually shown on Farynor as the 'default property'.
- 2 Other occupier's responsibility for safety extends from their occupied area to a place of ultimate safety. Therefore, this will include some shared responsibility for the common means of escape, and they will have shared responsibility to co-operate and coordinate with the RP/DH for the common MoE (default property) to ensure adequate fire safety measures are in place.

Simple Multi Occupied premises

- 3 These types of building include multi-storey office blocks or shopping centres where the floor layout and risk is very similar on each floor and effective management control is in place for common areas. In these cases, the audit should sample the common means of escape and fire safety systems (default property) **only**.
- 4 The occupiers should **only** be sampled as part of the default property audit to verify cooperation and coordination and evaluate the suitability of the fire safety systems in place. The individual occupiers **should not** be audited separately unless a significant risk is identified in one of the occupied areas by questioning of the RP of the default property. (e.g. areas of significant public gathering, sleeping risk, storage or use of dangerous or flammable substances, breaches in compartmentation, high fire loading and/or ignition sources).
- 5 Occupiers or additional properties should **not** be added to the location of a multi occupied building unless they are individually audited due to the identified risks above.

Complex Multi Occupied Buildings or sites

- 6 This type of building may include a range of significantly different premises uses, with a range of risks and fire safety arrangements e.g.: hospital sites with office/research/training/ accommodation buildings, industrial sites, shopping centres with combined cinemas and bowling alleys etc., office blocks with combined shops and hotels etc.
- 7 In these cases, the initial audit should be of the common MoE and fire safety systems (default property). Once the audit of the default property has been completed, the IO/FSA can decide on which of the other occupiers/buildings require an additional audit due to their use, risks, and

fire safety arrangements. Occupied areas of significant public gathering, sleeping risks, storage or use of dangerous or flammable substances, breaches in compartmentation, high fire loading and/or ignition sources and which have not been previously audited or risk scored should be audited as a priority and details collated.

- 8 Separate occupiers or additional properties should not be added to the location of a multi occupied building unless they are individually audited due to the identified risks above.

Appendix 2 – Using ‘Paper FS01 Audits’

1. The IO/FSA should print out a Paper FS01 Audit Form from:
 - ‘New Office Document’: Start > New Office Document > Forms (Community Safety) > FS Forms > FS01_09P - Non-Mobile Audit Form Paper version.
2. The IO/FSA should carry out pre-audit checks of the premises to:
 - Identify if the premises has a file on Farynor and/or if a job already exists.
 - When the premises was last audited.
 - Location details, protection details, property details and contacts.

The IO/FSA should enter this information into Section 1 ‘location/property detail’ of the paper form and verified/amended onsite as necessary.

3. The IO/FSA should carry out the audit of the premises following guidance in Section 4 above:
 - The IO/FSA should complete Section 1, 2, 3 of the Paper Audit Form onsite during the audit.
 - The IO/FSA should also complete the following parts of Section 4 onsite during the audit and discuss enforcement expectations with the RP/OSR:
 - IEE.
 - Confirmed enforcement activity.
 - End of audit discussion notes (including signature of representative).
 - Name and address for service of documents.
 - Time allowed for completion works.
 - The remaining parts of Section 4: Relative risk calculator (RRL), other authorities to notify, specific instructions to admin, risk to operational personnel and TL comments should be completed when the IO/FSA returns to the office.
4. If the premises audited contains a risk to operational personnel e.g. dangerous substances, the IO/FSA should notify the local station in accordance with Section 9 above.

NOTE: Depending on the outcome of the audit and any proposed enforcement action, the IO/FSA should follow step(s) 5 or 6 below.

5. **Confirmed Enforcement Action - Verbal Action:**
 - Store the Paper FS01 Audit Form in a secure place.
 - When an IO/FSA has a new MWT and/or all ICT systems are back in working order – either raise a ‘reactive audit’ for the premises address using the Fire Safety Audit App or request Admin raise a Job.
 - Copy the information from the Paper FS01 Audit Form into the audit form

on the Fire Safety Audit App using the MWT.

NOTE: MWT Users are responsible for making sure that they process audits as soon as they receive their MWT and/or the ICT systems are working.

6. **Confirmed Enforcement Action – NoD or EN:**

- The IO/FSA should open the 'FS01_09 - Non-Mobile Audit Form - Eversion' and complete this electronically.
- The IO/FSA should input the information recorded in section 1-4 of the paper form into the electronic form and complete section 5 (the audit Schedule) to enable Admin to draft the NOD or EN.
- The IO/FSA should save the electronic form as: 'PAPER AUDIT - File number /No File - Full address (including postcode) - Reason for audit - Audit outcome.'

E.g. PAPER AUDIT FORM - 01/1000 - Hampton House, 20 Albert Embankment. Lambeth. SE1 7TJ - Post Fire - Enforcement Notice.

- The IO/FSA should complete the Relative Risk Calculator for the property audited and enter the risk score on to the audit form under the Property Detail section. The Relative Risk Calculator can be found on hotwire:
Home > Operations > Fire Safety Regulation > Fire Safety Regulation Job Procedures > [Online RRL Calculator](#).

NOTE: IO/FSA/Admin can get the risk score for the Location from Farynor (if available). If the Location does not have a risk score leave this field blank.

- The IO/FSA should e-mail the electronic audit form to their TL or DTL for vetting. The subject of the e-mail should state:
'Paper Audit - Enforcement Outcome - File Number/ No File - Full address (including postcode) - Reason for audit'.
- The e-mail should be marked as 'high importance'.

TL Instructions

1. The TL should:
 - Vet section 1-5 of the audit form
 - Insert their comments into Section 4 - TL Comments.
2. Once the TL is satisfied they should e-mail the electronic form to FSR Admin Support FSR-AdminSupport@london-fire.gov.uk with the IO/FSA copied in. The subject bar should state;
'Paper Audit' - File Number/ No File - Full address (including postcode) - Reason for audit - Enforcement Outcome.
The e-mail should be marked as 'high importance'.
3. The TL should post the paper form to FSR Admin Union Street for scanning

and uploading.

NOTE: TLs are responsible for ensuring that a draft NoD or EN is received back from Admin. If they do not receive a draft NoD or EN from Admin in 3 working days, they should contact an Admin TL to check on the progress of the draft NoD or EN.

Admin Instructions

1. The Admin TL should maintain a 'Paper Audit' spreadsheet that records the following information:
 - File Number/Job Number (once job is raised).
 - Full Address (including postcode).
 - Reason for Audit.
 - Enforcement Outcome.
 - Date Electronic Form Received.
 - Date NoD/EN sent out.
 - Date paper form received.
 - Date electronic file of paper form is uploaded to file on SharePoint.
2. When admin receive an electronic/paper Audit Form with a NoD or EN from a TL, they should record the relevant information above in the 'Paper Audit Form' spreadsheet.
3. The Admin Officer should raise a non-mobile FS01 job for the premises and follow the following instruction depending on circumstances:

Farynor not working

- Admin Officer should make a note of the file number and address and save the electronic form into a shared folder to raise a non-mobile FS01 Job once Farynor is working again.

Farynor working and file on Farynor

- Raise a non-mobile FS01 job (Job step 20.01).
- Section 1 data updated manually onto Farynor.
- Enter bring forward date in to Farynor.

Farynor working and no file/property on Farynor

- Open file or add property on Farynor/Gazetteer.
- Raise a non-mobile FS01 job (Job Step 20.01).
- Section 1 data updated manually onto Farynor.
- Enter bring forward date in to Farynor.

4. Admin Officer to draft NoD or EN manually using the template on 'New Office Document': Start > New Office Document > Forms (Community Safety) > FS Forms > FS03_01c - Schedule for EN or NOD.
5. Admin Officer to send draft NOD or EN to TL and MWT User for vetting. Once the NoD or EN has been approved and sent out, the Admin Officer

should update the 'Paper Audit' Spreadsheet.

6. Once Admin has received the paper form, the 'Paper Audit' Spreadsheet should be updated, and the Admin Officer should send the paper form to Record Services (Ground Floor Union Street) for scanning. Record Services should scan the paper form and save the file as 'Non-Mobile Audit FS01 Form' and send the scanned document to the relevant area Triage. The Admin Officer should upload the electronic file of the scanned paper form to the relevant SharePoint file and update the 'Paper Audit' Spreadsheet.

Suggested Reading for using Paper FS01 Audits

- [FSIGN 115: Relative Risk Level](#)
- [FSIGN 103: FSEC Code and Valuation Office Code](#)
- [FSIGN 203: The Fire Safety Audit - Processing Mobile Jobs and Completing the Audit Form](#)
- [FSIGN 610: Primary Authority \(Partnership\) Schemes](#)