



Application Form:
Top Building Control Ltd

ToP Building Control Ltd.
Post: 20 Ashdown Close, Loughborough,
Leicestershire, LE11 4TQ.
Tom Randerson, Office: 01949 21151 or
Mobile **07803 519708**.
Paul Clothier, Office: 01509 236272 or Mobile:
07894 869395.

Office use only
Project Reference:
Quote Ref:
Project Manager:

This form is to be used for Fire Risk Assessments only.

ON COMPLETION OF THIS PDF FORM; PRINT TO PDF, THEN SAVE, IF YOU SAVE ONLY AS A PDF FORM, IT SAVES A BLANK COPY!

Site Address	Unit No/Name		Phone No:
	No/Street		
	Town/Location		Postcode:
	County		
Name & Address of Client	Name		Phone No:
	No/Street		
	Town/Location		
	County		Postcode:
Email address of Client			
Name & Address of Agent	Name		
	No/Street		
	Town/Location		
	County		Postcode:
Telephone Number of Agent			
Email address of Agent			
In whose name should invoices be addressed and sent	Applicant at site address:		Invoice contact:
	Applicant at Applicant address above:		
	Agent:		Phone No:
Current/Proposed use of the Building			
Who is responsible for the day to day running of the building			
Name of the "Responsible Person" (employer or person having control of premise)			
Do you have floor plans of the premises available? (existing accurate plans may reduce the assessment costs)	If Yes, please provide a copy. Yes No		
Do you have an existing fire risk assessment available	If Yes, please provide a copy. Yes No		
Do you have a fire safety and smoking policy	If Yes, please provide a copy. Yes No		
Approximate floor area in M ²			
Number of floors			

Brief description of construction if known			
Will all areas be accessible to the risk assessor	Yes		
	No		
	If No, which areas are not accessible?		
Approximate maximum number of occupants			
Approximate number of employees			
Maximum number of members of the public at any one time			
Sleeping occupants	Yes	If Yes, how many?	
	No		
Disabled Occupants	Yes	If Yes, how many?	
	No		
Occupants in remote areas or lone working	Yes	If Yes, how many?	
	No		
Young people	Yes	If Yes, how many?	
	No		
List any known fire occurrences or near misses (Including Arson)			
Any other relevant information known, e.g. Gas bottles, chemicals on site, flammable liquids such as petrol, exercise mats on site.			
Any additional comments			

Statement:

This notice is given in relation to the work as described and is accompanied by the appropriate fee or by submitting this form, I consent to be invoiced.

I agree to ToP Building Control Ltd to pp my signature (required unless signed or electronic signature inserted).

Yes

No

Name:	
Signature:	
Date:	

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NOTES:

If we are to undertake your assessment we will normally need access to the following:

1. Meet and discuss with duty holder or responsible person to confirm any outstanding matters in respect of the terms of engagement and agree the format and logistics of the inspection including the need to access all areas and/or interview staff where appropriate (any areas with restricted access need confirmation as this can impact on the assessment);
2. Any previous fire certificates held or licence agreements;
3. Service log books for services and fire installations;
4. Fire drill and staff training records.

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