



## Fire Risk Assessment Request Form

Company Name  
Contact Name

Contact Number

Property Address

Number of Floors

Number of Flats

Number of Blocks

1. Has a legionella risk assessment been carried out ?

Yes/No

2. When was the fixed wiring last inspected?

3. As landlord are you responsible for –

- whole installation
- common areas only

Yes/No

Yes/No

4. Have you had an asbestos survey completed

Yes/No

If yes, when was the last survey visit

5. How are the windows cleaned?

- Cradle
- Anchor Points
- Cherry Picker

Yes/No

Yes/No

Yes/No

6. Do you have any Boilers that work at over 100 degrees Centigrade

Yes/No

7. Do you have a childrens play area as part of the complex

Yes/No

If yes, when was it last inspected

**Send your completed form to:-**

[www.flat-living.co.uk](http://www.flat-living.co.uk) | 5 Addisons Way, Lilleshall, NEWPORT, Shropshire TF10 9HH  
or email to [info@flat-living.co.uk](mailto:info@flat-living.co.uk)