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Beyond the competence of the average fire risk assessor?



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Niall Rowan, Technical Officer, Association for Specialist Fire Protection (ASFP), proposes that the subject of risk management in buildings is probably beyond the competence of the average fire risk assessor.

This is possibly a rather controversial statement to make, but as so many problems with fire risk assessments arise and are widely reported in the press, it is increasingly becoming accepted opinion. It is well known that under the Regulatory Reform (Fire Safety) Order, there are currently no qualification, knowledge or experience requirements for Fire Risk Assessors. Anybody can do it and as a result there are a number of substandard risk assessments in circulation. The more infamous ones have been well documented, but what about more complex structures such as fire engineered buildings, or those where there are a number of factors that make the undertaking of a fire risk assessment unsuitable for the faint-hearted? What special requirements do they have that make them 'beyond the competence of the average fire risk assessor'?

Fire engineered buildings are complex and pose a number of problems for the responsible person, the owner, the occupier and the developer/contractor, such as:

- Innovative complex design
- Limited mobility of occupants
- Extended escape distances
- High reliance on fire safety management procedures
- Requirements for 24-hour operation
- Inclusion of hazardous materials and processes
- Increased compartment sizes
- Removal of stairs resulting in an increase in the useable floor plate
- Flexibility in the use of space for the end user
- Reduced construction costs

To cope with these, buildings may rely upon a number of fire engineering techniques such as hot smoke extraction systems, smoke venting, smoke curtains, extensive automatic fire detection, fire suppression systems, compartmentation of high risk areas and well defined operational procedures.

Such an approach demands a very high standard of fire safety management covering the day-to-day operational arrangements for the building. It also requires a robust planned preventative maintenance regime in respect of fire safety systems. Whilst this is feasible, is it realistic in the day-to-day running of medical buildings? What happens over time when, bit by bit, small changes are made to the building, that compromise or invalidate the fire safety measures, which are essential to such a building working correctly?

Fire safety strategy and the responsible person

The fire risk assessor evaluating a building will need to review any Fire Safety Strategy (FSS) in order to

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