



**EAST RIDING**  
OF YORKSHIRE COUNCIL

## **Additional Licensing – Goole Licence Application**

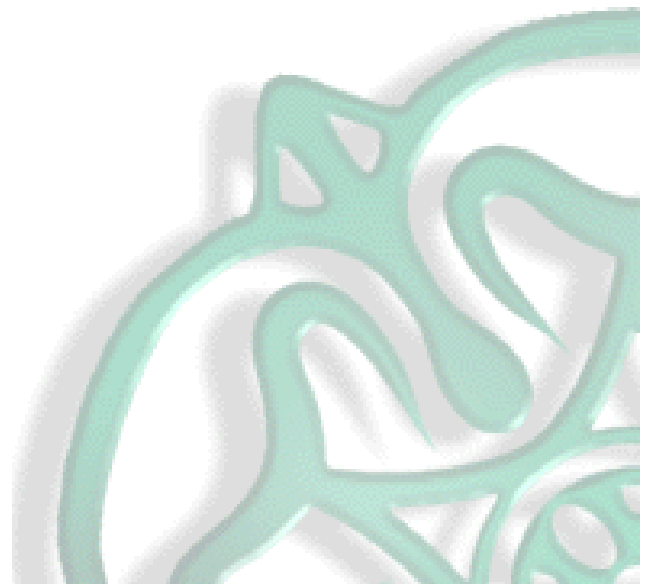
**Private Sector Housing**

**An on-line application is also available at:**

[www.eastriding.gov.uk/housing/private-housing-landlords/houses-multiple-occupation](http://www.eastriding.gov.uk/housing/private-housing-landlords/houses-multiple-occupation)

**Private Sector Housing Team**

[Private.sector.housing@eastriding.gov.uk](mailto:Private.sector.housing@eastriding.gov.uk)



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## HOUSING ACT 2004, PART 2 SECTION 55

For Official Use Only	
Date Received:	
Receipt No.	

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## LICENSING OF HOUSES IN MULTIPLE OCCUPATION (HMO) APPLICATION

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Use this form if you want to apply for an Additional Licence for a House in Multiple Occupation (HMO) within the designated area in Goole.

Please return the completed form to:

**Private Sector Housing Team,  
East Riding of Yorkshire Council,  
County Hall  
Cross Street  
Beverley  
HU17 9BA**

e-mail: [h.licensing@eastriding.gov.uk](mailto:h.licensing@eastriding.gov.uk)

If you have more than one property which requires a licence you will need to complete the property application for each (parts 4-9).

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### IMPORTANT

Please answer all questions unless directed.

**IT IS A CRIMINAL OFFENCE TO MAKE A FALSE STATEMENT IN AN APPLICATION FOR AN HMO LICENCE OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE.**

#### Before you start

Please include all relevant certificates and documentation. The declaration at the end of the application must be signed and dated before submitting.

Please ensure you have the following documents/certification:

- Declaration of Fire Safety and any certification
- Declaration of Electrical Safety and any certification
- Basic Disclosure Certificate
- Gas Safe Certificate
- A copy of the tenancy agreement
- A scale plan of the building
- Any training certificates
- A copy of your document(s) proving your right to reside in the UK.

Office use only:

## Part I.

## Proposed Licence- holder details

## I.1 To be completed if applicant is an individual (and then move on to I.3)

Name: \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ National Insurance No. \_\_\_\_\_

You are required to provide a document proving your right to reside in the United Kingdom. Please include a copy of your document (not the original). A full list of eligible documents can be found at: <https://www.gov.uk/right-to-reside>. The majority of applicants provide a copy of either a passport or a birth certificate.

Copy of evidence of right to reside included Yes  No

**What training courses have you undertaken within the last two years?**

Select all that apply RLA  NLA  NFOPP Level 2  NFOPP Level 3  None

Other (please specify) \_\_\_\_\_

**Are you responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed?** (Please tick appropriate box)

Yes  No

If No, part 3 will also need to be completed.

<p><b>1.2</b></p>	<p><b>To be completed if applicant is a Company/ Partnership or Charity</b></p> <p><b>Full Name of Company / Partnership or Charity</b> (refer to note 1.2)</p> <p>_____</p> <p><b>Address of Principal or Registered Office</b></p> <p>_____</p> <p><b>Postcode:</b> _____</p> <p><b>Telephone Number:</b> _____</p> <p><b>Email :</b> _____</p> <hr/> <p><b>Names and Addresses of all Directors/Partners/Trustees</b> (please use separate sheet of paper if necessary)</p> <p>_____</p> <hr/> <p><b>Is the company/ charity responsible for the day-to-day repairs, maintenance and tenant management of the premises to be licensed?</b> (please tick appropriate box)</p> <p style="text-align: right;">Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>If No, please note that part 3 will need to be completed</p>
<p><b>1.3</b></p>	<p><b>Details of any other person(s) who has agreed to be bound by a condition contained in the licence:</b> (please use additional sheet if required)</p> <p><b>Full Name:</b> _____</p> <p><b>Address:</b> _____</p> <p>_____</p> <p><b>Postcode:</b> _____      <b>Tel.No:</b> _____</p> <p><b>E-mail:</b> _____</p> <p>You are required to provide a document proving your right to reside in the United Kingdom. Please include a copy of your document (not the original). A full list of eligible documents can be found at: <a href="https://www.gov.uk/right-to-reside">https://www.gov.uk/right-to-reside</a>. The majority of applicants provide a copy of either a passport or a birth certificate.</p> <p><b>Copy of evidence of right to reside included</b>                      Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>

**What training courses have you undertaken within the last two years?**

Select all that apply      RLA     NLA     NFOPP Level 2     NFOPP Level 3     None

Other (please specify)

<p><b>1.4</b></p>	<p><b>Are you the landlord of any other Licensable HMO's in the Council's area?</b> <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p>If Yes, have you made an application in respect of any other property? <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p>Please give full address of each property or licence number <i>(continue on an additional sheet if necessary)</i></p>
<p><b>1.5</b></p>	<p><b>Are you the landlord of any other Licensable properties in another local authority area?</b> <i>(please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p>If yes, please give full address of each property and the local authority to which you have applied for a licence. <i>(continue on an additional sheet if necessary)</i></p>
<p><b>1.6</b></p>	<p><b>Have you had any application for a HMO/Property licence refused or revoked in this or another local authority's area?</b> <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p>If yes, please provide details and dates</p>

## Part 2.

### Licence- holder test of fitness and compliance with management conditions

If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.

Please Note: The Council may carry out the necessary legal checks on all applicants

2.1	<p><b>Have you been convicted of, or formally cautioned for any offences relating to fraud, dishonesty, violence or drugs or sexual offences as set out in Schedule 3, Sexual Offences Act 2003? (Spent convictions are not, in this context, taken into account)</b> <i>(Please tick appropriate box) (Refer to notes Part 2 and 2.1)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.2	<p><b>Have you had a finding against you by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business?</b><i>(please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.3	<p><b>Have you been convicted or formally cautioned for failing to comply with a Housing Act Notice in the past 5 years, in any local authority?</b> <i>(Please tick appropriate box) (Refer to note 2.3)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.4	<p><b>Have you been convicted or formally cautioned for any charges relating to harassment and illegal eviction in the past 5 years?</b> <i>(Please tick appropriate box) (Refer to note 2.4)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.5	<p><b>Have you been in control of a property subject to a HMO Control Order, an Interim Management Order, a Final Management Order or has any local authority carried out work in default to premises of which you have been the owner or manager in the past 5 years?</b> <i>(Refer to note 2.5) (Please tick appropriate box)</i></p> <p>If yes please give details</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2.6	<p><b>Have you been convicted of any offence, formally cautioned or subject to any other proceedings brought by any local Authority or other Regulatory Body (for example breaches of the Environmental Protection Act, planning control or fire safety requirements)?</b> <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b>2.7</b>	<p><b>Have you been declared bankrupt?</b> <i>(Please tick appropriate box)</i></p> <p style="text-align: right;">Yes <input type="checkbox"/>          No <input type="checkbox"/></p> <p><i>(Please tick appropriate box)</i></p>
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I declare that to the best of my knowledge and belief all the information in this application is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Position *(if acting on behalf of a company)*: \_\_\_\_\_

<b>2.8</b>	<p><b>You are required to provide a Basic Disclosure Certificate.</b></p> <p>These are provided by the mygov.scot for the whole of the UK. You can apply online at: <a href="http://www.mygov.scot/basic-disclosure/apply-for-basic-disclosure/">www.mygov.scot/basic-disclosure/apply-for-basic-disclosure/</a></p> <p>Basic Disclosure Certificate included?          Yes <input type="checkbox"/>          No <input type="checkbox"/></p>
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## Data Protection Statement

We need your personal data to **enable this Council to issue a HMO licence**. We may also use it for prevention and detection of fraud. We may share it with local or national organisations such as **other Council Departments, other Local Housing Authorities, the Police, Fire Service and the Department for Communities and Local Government (DCLG)** as part of our joint approach to **ensuring that only fit and proper people are licensed to own or manage Houses in Multiple Occupation**. Elected members of the Council may have access when considering the application.

Data held by this Local Housing Authority in respect of the licensing of HMOs shall be kept in a Register as required by Section 232 of the Housing Act 2004. The information in this Register (with the exception of any convictions) shall be available, upon request, to public inspection.

We will keep your personal data safe and secure and will not disclose it to anyone else without your consent, unless we are required by law to do so.



**Part 3.** (only use if manager is not licence holder)

**Manager test of fitness and compliance with management conditions**

If you answer yes to any of the following questions in this section, please give details including dates below. Continue on a separate sheet where necessary.

**Please Note:** The Council may carry out the necessary legal checks on all applicants

**3.1 Full name** (block letters): \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **National Insurance No:** \_\_\_\_\_

You are required to provide a document proving your right to reside in the United Kingdom. Please include a copy of your document (not the original). A full list of eligible documents can be found at: <https://www.gov.uk/right-to-reside>. The majority of applicants provide a copy of either a passport or a birth certificate.

**Copy of evidence of right to reside included** Yes  No

**What training courses have you undertaken within the last two years?**

Select all that apply RLA  NLA  NFOPP Level 2  NFOPP Level 3  None

Other (please specify) \_\_\_\_\_

**3.2 Have you been convicted of, or formally cautioned for any offences relating to fraud, dishonesty, violence or drugs or sexual offences as set out in Schedule 3, Sexual Offences Act 2003? (Spent convictions are not, in this context, taken into account)**

(Please tick appropriate box) (Refer to notes Part 2 and 2.1)

Yes  No

3.3	<p><b>Have you had a finding against you by a court or tribunal that you have practised unlawful discrimination on grounds of sex, colour, race, ethnic or national origins or disability in, or in connection with, the carrying on of any business?</b> <i>(please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.4	<p><b>Have you been convicted or formally cautioned for failing to comply with a Housing Act Notice in the past 5 years, in any local authority?</b> <i>(Please tick appropriate box)</i> (Refer to note 2.3)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.5	<p><b>Have you been convicted of any charges relating to harassment and illegal eviction in the past 5 years?</b> (Refer to note 2.4) <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.6	<p><b>Have you been in control of a property subject to a HMO Control Order, an Interim Management Order, a Final Management Order or has any local authority carried out work in default to premises of which you have been the owner or manager in the past 5 years?</b> (Refer to note 2.5) <i>(Please tick appropriate box)</i></p> <p>If yes please give details: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3.7	<p><b>Have you been convicted of any offence or subject to any other proceedings brought by any local Authority or other Regulatory Body (for example breaches of the Environmental Protection Act, planning control or fire safety requirements)?</b> <i>(Please tick appropriate box)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

I declare that to the best of my knowledge and belief all the information in this application is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Position (if acting on behalf of a company): \_\_\_\_\_

3.8	<p><b>You are required to provide a Basic Disclosure Certificate.</b>          These are provided by the mygov.scot for the whole of the UK. You can apply online at: <a href="http://www.mygov.scot/basic-disclosure/apply-for-basic-disclosure/">www.mygov.scot/basic-disclosure/apply-for-basic-disclosure/</a></p> <p>Basic Disclosure Certificate included? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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## Part 4.

### Property Details

#### Information about your interest in the property

Please answer each question in turn unless otherwise directed.

<b>4.1</b>	<b>Full address of the property to which the licence application applies</b>  _____  <b>Postcode</b> _____  <b>Is this a: House?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Flat?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4.2</b>	<b>Are you the owner?</b> (refer to note 4.2) (Please tick appropriate box)  Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If No, please give details of the owner:</b>
<b>4.3</b>	<b>Do you (alone or jointly with others), own the freehold of the property or hold a lease/tenancy of it with at least 5 years still to run?</b> If No, go to 4.5 (Please tick appropriate box)  Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If Yes, please indicate which interest you own:</b>  Freehold <input type="checkbox"/> Lease/Tenancy with at least 5 years still to run <input type="checkbox"/>
<b>4.4</b>	<b>If you own the interest jointly with other people, please give the names and addresses of your co-owners:</b> (please continue on separate sheet if necessary)
<b>4.5</b>	<b>Name and address of the mortgage provider (if any) of the property or any part of it:</b> (please say "none" if the property does not have an outstanding mortgage)  <b>Name:</b> _____ <b>Address:</b> _____ <b>Telephone number:</b> _____

## Part 5.

### Information about the property

Please answer each question unless otherwise directed.

**5.1 Has planning permission been granted for use as a house in multiple occupation?** (refer to note 5.1) (please tick appropriate box)

Yes  No  Don't know

If 'Yes' please give date and reference number of your application:

**Date:**

**Reference number:**

**5.2 Was the property built, or provided by conversion, before 1991?** (refer to note 5.2) (Please tick appropriate box)

Yes  No  Don't know

**Please give date if known:**

**5.3 When the property was converted or flats created was:** (refer to note 5.2) (please tick appropriate box)

**Planning permission given?**

Yes  No  Don't know

**Building Notice given?**

Yes  No  Don't know

**Was the work carried out in accordance with the above?**

Yes  No  Don't know

**5.4 Are any of the flats or rooms occupied by the owner or freeholder (including their family)?** (Refer to note 5.4) (Please tick appropriate box)

Yes  No

If yes please specify

### Description of Property

**5.5 Please tick all the floors the premises has residential accommodation on:**

Basement

Ground Floor

First Floor

Second Floor

Third Floor

Fourth Floor

Fifth Floor

Sixth Floor and above

**Total number of storey's**

**5.6 Type of Property** (please tick appropriate box)

Detached House

Semi-detached

Terraced

Converted Flat

	<p><b>Category of property</b> <i>(please tick)</i></p> <p>House in single occupation <input type="checkbox"/></p> <p>House in multiple occupation <input type="checkbox"/></p> <p>Flat in single occupation <input type="checkbox"/></p> <p>Flat in multiple occupation <input type="checkbox"/></p> <p>House converted into and comprising only of self-contained flats <input type="checkbox"/></p> <p>A purpose built block of flats <input type="checkbox"/></p> <p>House in a building used for both residential and business purposes <input type="checkbox"/></p> <p>Other <input type="checkbox"/> e.g. "Corridor flat" - please specify</p>
5.8	<p><b>Approximate Date of construction:</b> <i>(please tick appropriate box)</i></p> <p>Pre-1919 <input type="checkbox"/>      1919-1945 <input type="checkbox"/>      1946- 1964 <input type="checkbox"/>      1965-1980 <input type="checkbox"/></p> <p>Post 1980 <input type="checkbox"/></p>
5.9	<p><b>When was the last time you carried out any works of repair or improvement?</b> <i>(Please tick appropriate box)</i></p> <p>Less than 1 year ago <input type="checkbox"/>      Between 1 and 3 years <input type="checkbox"/>      More than 3 years ago <input type="checkbox"/></p> <p><b>Please state description works and date carried out:</b></p> <p><b>Has the Council served any notices upon you?</b>      Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If the answer is YES, have the notices been complied with?      Yes <input type="checkbox"/>      No <input type="checkbox"/></p>
5.10	<p><b>How would you best describe the property</b> <i>(for definition refer to point 5.10)</i></p> <p>Bedsits <input type="checkbox"/></p> <p>Shared house <input type="checkbox"/></p> <p>Hostel type accommodation (short term) <input type="checkbox"/></p> <p>Other <input type="checkbox"/> e.g. "Corridor flat" - please specify</p>

Accommodation Details		
5.11	How many separate letting units are there in the building?	<input type="text"/>
5.12	How many self-contained flats are there in the building?	<input type="text"/>
5.13	How many Non-self contained flats are there in the building?	<input type="text"/>
5.14	How many self-contained bedsits are there in the building?	<input type="text"/>
5.15	How many Non-self contained bedsits are there in the building?	<input type="text"/>
5.16	How many living rooms are there in the building?	<input type="text"/>
5.17	How many bedrooms are there in the building?	<input type="text"/>
5.18	How many dormitories are there in the building?	<input type="text"/>
5.19	How many kitchens are there in the building?	<input type="text"/>
5.20	How many sinks are there in the building?	<input type="text"/>
5.21	How many showers/bathrooms are there in the building?	<input type="text"/>
5.22	How many toilets are there in the building?	<input type="text"/>
5.23	<p><b>A floor plan must be submitted with a HMO licence application. The plan does not have to be to scale and can be hand drawn but must be clear, approximately in proportion and include room measurements.</b></p> <p><b>Plan included with application?</b>    Yes <input type="checkbox"/>            No <input type="checkbox"/></p> <p>A plan can be provided by the Private Sector Housing team, this incurs an extra charge of £100. Please contact the Private Sector Housing team for further details</p>	

**Part 6.**

**Occupancy Details**

6.1	<b>How many people currently live in the property?</b> <i>(including children)</i>	<input type="text"/>
6.2	<b>How many households live in the property?</b>	<input type="text"/>
6.3	<b>How many occupants do you wish the licence to be for?</b> <i>(including children)</i>	<input type="text"/>
6.4	<b>Do you provide tenants with a written statement/ tenancy agreement?</b> <i>(Detailing terms of their tenancy)</i> Yes <input type="checkbox"/> please enclose with this application No <input type="checkbox"/> this document must be provided within 14 days	

**Part 7.**

**Management Information**  
**Fire safety**

**7.1**

**Does the property have any of the following ways of detecting a fire?**

*(Please tick appropriate box) (Refer to note 7.1)*

**Battery operated smoke detectors**

Yes  No

If yes date installed:  Number installed:

**Interlinked smoke detectors**

Yes  No

If yes date installed:  Number installed:

Date of competent person check:

Please include the certificate with application

Included Yes  No

**Full alarm system and fire alarm panel**

Yes  No

If yes date installed:  Number installed:

Date of competent person check:

Please include the certificate with application

Included Yes  No

**Emergency Lighting system**

Yes  No

If yes date installed:  Number installed:

Date of competent person check:

Please include the certificate with application

Included Yes  No



<p><b>7.2</b></p>	<p><b>Main Escape Route (Refer to note 7.2)</b></p> <p><b>Is the main escape route:</b></p> <p>Protected by self-closing fire resisting doors? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Kept clear of flammable materials and other obstructions? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.3</b></p>	<p><b>Is the stairwell and escape route protected in the event of a fire?</b> (Refer to note 7.3)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>7.4</b></p>	<p><b>Is the following fire safety equipment available on the property?</b> (Please tick appropriate box)</p> <p><b>Fire Blankets</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how many? <input type="checkbox"/></p> <p>Where are they located?</p> <p><b>Fire extinguishers</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes how many? <input type="checkbox"/></p> <p>Where are they located?</p>
<p><b>7.5</b></p>	<p><b>Are there any notices displayed in the property instructing the occupants what to do in the event of a fire?</b> (Please tick appropriate box)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes how many? <input type="checkbox"/></p> <p>Where are they located?</p>
<p><b>7.6</b></p>	<p><b>Do you provide upholstered furniture?</b> (Please tick appropriate box) (Refer to note 7.6)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, does it all comply with the Furnishings (Fire Safety) Amendment Regulations 1993?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## Part 8.

### Gas Fire and electrical equipment

<b>8.1</b>	<p><b>Does the property have any gas installations/appliances?</b> <i>(Please tick appropriate box)</i> (Refer to note 8.1)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, a copy of the annual gas safety certificate must be provided.</b></p> <p>Included Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<b>8.2</b>	<p><b>Has the property had an electrical safety inspection in the last 5 years?</b> <i>(Please tick appropriate box)</i> (Refer to note 8.2)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If Yes, date of inspection:</b></p> <p><b>If Yes, a copy of the electrical safety certificate must be provided.</b></p> <p>Included Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If No, please provide report confirming the current condition of the installation.</b></p> <p>Included Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Please note:</b> it is a legal requirement of the HMO management regulations. Failure to hold one could result in prosecution.</p>
<b>8.3</b>	<p><b>Do you provide portable electrical appliances?</b><i>(e.g. kettles, vacuum cleaners)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>A valid copy of the electrical safety inspection certificate for all appliances must be provided.</p> <p>Included Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<b>8.4</b>	<p><b>Please provide a fire risk assessment for the property.</b></p> <p>Included: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(a fire risk assessment must be provided within 14 days)</i></p> <p><i>A sample fire risk assessment form can be found at Appendix 2</i></p>

## Part 9.

### Other relevant persons who need to be informed

You must let certain persons know in writing that you have made this application or give them a copy of it. You can do this by completing the enclosed form. The persons who need to know about it are:

- Any mortgagee of the property
- Any owner of the property to which the application relates (if it is not you) i.e. the freeholder and any head lessees who are known to you
- Any other person who is a tenant or long leaseholder of the property or any part of it (including any flat) who is known to you other than a statutory tenant or other tenant whose lease or tenancy is for less than three years (including a periodic tenancy)
- The proposed licence holder (if it is not you)
- The proposed managing agent (if it is not you)
- Any person who has agreed that he will be bound by any condition or conditions in a licence if it is granted.

You must tell each of these persons:

- Your name, address, telephone number and e-mail address or fax (if any)
- The name, address, telephone number and e-mail address or fax (if any) of the proposed licence holder (if it is not you)
- That this is an application made under Part 2 of the Housing Act 2004
- The address of the property to which this application relates
- The name and address of the local housing authority to which the application will be made
- The date the application will be submitted

I/we declare that I/we have served a notice of this application on the following persons who are the only persons known to me/us that are required to be informed that I/we have made this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

*Continue on separate sheet if necessary*

Name	Address	Description of person's interest in the property or the application	Date Notice served

## Declaration

### **WARNING: IF YOU KNOWINGLY MAKE A FALSE STATEMENT OR FAIL TO COMPLY WITH ANY CONDITION OF THE LICENCE YOU MAY BE LIABLE TO PROSECUTION**

In considering whether the required standards and or conditions have been met the Local Authority may take into account other evidence available to it in addition to this declaration. An officer may also need to visit the property to check the situation and the accuracy of the declaration. If we need to visit, we will contact you to arrange a suitable time.

**Note: Your application will NOT be valid unless you complete all the relevant parts of this form, provide all necessary documents and pay the required fee.**

I/we declare that the information contained in this application is correct to the best of my/our knowledge. I/we understand that I/we commit an offence if I/we supply any information to a local housing authority in connection with any of their functions under any of Parts 1 to 4 of the Housing Act 2004 that is false or misleading and which I/we know is false or misleading or I/we are reckless as to whether it is false or misleading.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**Position** *(if acting on behalf of a company):* \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**Position** *(if acting on behalf of a company):* \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name:** \_\_\_\_\_

**Position** *(if acting on behalf of a company):* \_\_\_\_\_

<b>Enclosures</b>		<i>Tick items enclosed</i>
A	Annual maintenance record for automatic fire detection system (if applicable)	<input type="checkbox"/>
B	GAS SAFE registered Commissioning and annual Gas Safety Inspection certificates (if applicable)	<input type="checkbox"/>
C	Cheque or receipt of payment for licensing fee	<input type="checkbox"/>
D	Completed Fire Risk Assessment for property	<input type="checkbox"/>
E	Evidence of current Public Liability Insurance	<input type="checkbox"/>
F	Basic Disclosure Certificate	<input type="checkbox"/>
G	Plan of the Property	<input type="checkbox"/>
H	Tenancy Agreement	<input type="checkbox"/>
I	Other documents please list:	<input type="checkbox"/>



## Equalities Monitoring Form

In order to understand better how we are serving different types of people we need to know some things about you:-

<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
<b>Age</b>	Under 14 <input type="checkbox"/>	25 – 34 <input type="checkbox"/>	55 – 64 <input type="checkbox"/>
	14 – 17 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>	65 – 74 <input type="checkbox"/>
	18 – 24 <input type="checkbox"/>	45 – 54 <input type="checkbox"/>	75 or over <input type="checkbox"/>
<b>Ethnicity</b>	White: British <input type="checkbox"/>	Mixed: White and Black Caribbean <input type="checkbox"/>	
	White: Irish <input type="checkbox"/>	Mixed: White and Black African <input type="checkbox"/>	
	Any other white background (please specify).....	Mixed: White and Asian <input type="checkbox"/>	
	.....	Any other mixed background (please specify).....	
	Asian or Asian British: Indian <input type="checkbox"/>		
	Asian or Asian British: Pakistani <input type="checkbox"/>		
	Asian or Asian British: Bangladeshi <input type="checkbox"/>		
	Any other Asian background (please specify).....		
	Black or Black British: Caribbean <input type="checkbox"/>		
	Black or Black British: African <input type="checkbox"/>		
Any other Black background (please specify).....			
Chinese or other ethnic group: Chinese <input type="checkbox"/>			
Chinese or other ethnic group: Other (please specify).....			
Gypsy/Traveller <input type="checkbox"/>			
<b>Disability</b>	Disabled <input type="checkbox"/>	Not disabled <input type="checkbox"/>	

*The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities*

<b>Religion</b>	No religion <input type="checkbox"/>	Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>
	Buddhist <input type="checkbox"/>	Jewish <input type="checkbox"/>	Other.....
	Christian <input type="checkbox"/>	Muslim <input type="checkbox"/>	(please specify)
<b>Sexuality</b>	Hetrosexual <input type="checkbox"/>		
	Lesbian/Gay <input type="checkbox"/>		
	Bisexual <input type="checkbox"/>		

Thank you for taking the time to complete this questionnaire. Please be assured that the information you have provided will be treated in the strictest confidence.

**Please note that the completing of the equalities monitoring form is optional and is not a requirement of licensing.**



## Guidance Notes

**Before completing and submitting an application for a licence for a House in Multiple Occupation (HMO), please ensure that you have read the following guidance notes. If you require any further advice regarding the Licensing Scheme or the relevant standards, please contact the Private Sector Housing Team (01482) 396301.**

In these notes, “the Act” means the Housing Act 2004 and unless otherwise stated, all references to sections etc are to sections in the Act. Part 2 of the Act introduces a mandatory scheme to licence HMOs of a description contained in regulations. It is intended initially to apply to larger, higher risk HMOs of 3 or more storeys occupied by 5 or more people who form 2 or more single households.

### Meaning of "HMO"

The definition of a **House in Multiple Occupation (HMO)** is set out in sections 254 to 259 of the Housing Act 2004 and means a building, or part of a building, such as a flat, that:

- Is occupied by more than one household and where more than one household shares, or lacks, an amenity such as a bathroom, toilet or cooking facilities; or
- Is occupied by more than one household and is a converted building which does not entirely comprise of self-contained flats (whether or not some amenities are shared or lacking) “Corridor flats” where one or more of the amenities provided for the exclusive use of a unit are located outside of that unit e.g. along a corridor or landing are not self-contained and as such fall under the definition of a HMO; or
- Is comprised entirely of converted self-contained flats but does not meet as a minimum, the requirements of the Building Regulations 1991, and that at least one third of the flats are occupied under short term tenancies.

### Part 1. Licence - holder details

1.2 If the applicant is a company or similar body, give the official (registered) address.

### Part 2 Licence holder test of fitness and compliance with management conditions

The local authority must be satisfied that the person applying for an HMO licence is a “fit and proper person” to hold a licence. The same test applies to any person managing the premises and any director or partner in a company or organisation, which owns or manages the HMO.

The local authority may check with the police whether the applicant has any relevant convictions and may approach other authorities and agencies such as the Fire Service, Office of Fair Trading, Citizens Advice Bureau, Health and Safety Executive and any internal department of the Council. Not all convictions would be relevant to a person’s prospective role as an operator of an HMO, for

example motoring offences would not be relevant but a conviction for fraud or theft could be since the licence holder/ manager would be in a position of trust.

- 2.1 If you do have any convictions you are required to declare, these should not be sent with the application for licence but should be sent under separate confidential cover. Unspent convictions may be convictions for which the rehabilitation period has not been completed, or convictions, which are excluded from the Act (i.e. never spent). If you are unsure about any matter, please contact us.
- 2.3 A notice under section 189 of the Housing Act 1985 is a repair notice for premises which are unfit for human habitation. A notice under section 190 of the 1985 Act is a repair notice for premises which, although fit for human habitation, require substantial repair. A section 189 or 190 notice specifying works to the common parts of a building may be served on a person who is an owner of that part of the building (or the building as a whole) who, in the opinion of the Council serving the notice, ought to carry out the works. Part I of the Housing Act 2004 replaces the existing housing fitness standard contained in the Housing Act 1985 with the Housing Health and Safety Rating System.
- 2.4 Contravened any provision of any enactment relating to housing or of landlord and tenant law; including any civil proceedings in which judgement was made against the proposed licence holder or manager.

2.5 The proposed licence holder or manager owned or has owned a property which has been subject to a control order under section 379 of the Housing Act 1985(a) in the last 5 years, been subject to an interim management order or final management order or a special interim management order under the Housing Act 2004.

#### **Part 4. Information about the interest in the property**

- 4.1 A flat is a dwelling, which is a separate set of premises, whether or not on the same floor, divided horizontally from some other part of the building.
- 4.2 “Owner” or “person having control” is the person who receives (directly or as an agency or trustee) the market rents from the tenants for a given premises or is otherwise entitled to receive the rents if the premises were let. The owner is also entitled to dispose of the fee simple of the premises.

#### **Part 5. Information about the property**

- 5.1 Planning permission may or may not be required in relation to your HMO. If you are not sure whether permission or approval is required for the property for which you are seeking a licence, contact the Council’s Development Control Section. Where permission or approval has already been obtained, please enclose a copy with your application.
- 5.2 If the property was built or was provided by conversion after 1991 you may not require a licence if the works were carried out in accordance the relevant Building Regulations. If you are unsure about any matter, please contact us.



- 5.4 A person is a member of the same family as another person if, those persons are married to each other or live together as husband and wife (or in an equivalent relationship in the case of persons of the same sex); one of them is a relative of the other. "Relative" means parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew or niece.
- 5.10
- a) Bed-sits are defined as being houses occupied as individual rooms where there is some exclusive occupation (usually bedroom/living room) and some sharing of amenities (bathroom and/or toilet and/or kitchen). Each occupant lives otherwise independently of all others,
  - b) Shared houses are defined as houses occupied by members of a defined group eg students or a group of young single adults. The occupiers each enjoy exclusive use of a bedroom but would share other facilities including a communal living space.
  - c) Hostels (guesthouses and bed and breakfast hotels) are defined as houses that provide accommodation for people with no other permanent place of residence as distinct from hotels, which provide accommodation for temporary visitors to an area. This category would include establishments used by local authorities to house homeless families pending permanent placement and similar establishments which provide accommodation for people who would otherwise be homeless. It would also include bona fide hotels used for such purposes, even on a casual basis, and hotels housing a mixture of homeless households and visitors.
  - d) "Corridor flats" are units of accommodation within a converted building where one or more of the amenities provided for the exclusive use of that accommodation are located outside its front door and access to such amenities e.g. bathroom, toilet or kitchen, is via a common landing or area.

## **Part 7. Arrangements for fire safety**

Every HMO must have adequate fire precautions including provisions for

- a) Detection and giving warning in case of fire;
- b) Escape from the building;
- c) Fighting fire.

A risk assessment should be carried out by or on behalf of the applicant to establish both the risk of fire occurring and the risk to people in the event of fire. This would apply to everyone who may be in the HMO (residents, staff and visitors) and should take adequate account of any one with special needs. This assessment will show whether the existing fire precautions are adequate and what changes need to be made.

- 7.1 If your house has been fitted with a mains interlinked smoke alarm system, single point smoke detectors or battery operated smoke detectors, the system should be checked and serviced at least once every year by either a specialist contractor or a competent electrician as detailed in appendix I.
- 7.2 Doors should be fully self-closing and all latches should connect without resistance

- 7.3 The walls surrounding a protected escape route, a protected lobby or lift well must be constructed of materials of at least a half hour fire resistance. Materials enclosing meters, pipes etc. in the common exit route should be undamaged and have a half hours fire resistance.
- 7.6 All upholstered furniture provided with rented accommodation must comply with the Furniture and Furnishings (Fire Safety) (Amendment) Regulations 2010. This means that all materials must have passed cigarette and match ignition tests and the filling materials must have passed flammability test. If your furniture complies it should have a label attached permanently with the lining giving details as appropriate.

## **Part 8. Arrangements for gas fire and electrical safety**

- 8.1 Under the Gas Safety (Installation and Use) Regulations 1998 the Landlord must have an annual gas safety check on all gas appliances by a Gas Safe registered gas installer.
- 8.2 A regular and appropriate inspection of the electrical wiring installation is required at intervals of no more than 5 years to ensure to that the health and safety of your tenants is not compromised. The landlord is required to declare that the electrical system and any appliances provided by the landlord are safe. This should be done by a competent electrician qualified to undertake such inspection and testing. **See appendix I for who is a competent electrician.**

## Appendix I

### ***When is an Electrician Competent?***

This is for the purposes of checking whether the Domestic Electrical Installation Periodic Inspection Reports, submitted for the purposes of Licensing, have been completed by a competent electrician.

The electrician will be classed as a competent person if:

1. They are a member of a recognised electrical institution, such as:

**NICEIC** - The electrician will be called an *Approved Contractor*.

**ECA** - The electrician will be called a *Registered Member*.

**NAPIT** - The electrician will be called an *Approved Electrical Inspector*.

2. They are a member of a competent persons self-certification scheme, covering electrical installation work in dwellings, such as:

#### **BRE Certification Limited**

This scheme, operated with the support of the Electrical Contractors Association and the Institution of Electrical Engineers, is primarily designed for those whose main business is electrical contracting and those who wish to be able to self-certify all types of electrical work in dwellings. For more information on this scheme see [www.partp.co.uk](http://www.partp.co.uk)

#### **British Standards Institution**

This scheme, which will be known as the Kitemark Scheme for electrical installation work, is primarily designed for those whose main business is electrical contracting and those who wish to be able to self-certify all types of electrical work in dwellings. For more information on this scheme see [www.kitemarktoday.com](http://www.kitemarktoday.com)

#### **ELECSA Limited**

This scheme, operated with the support of the British Board of Agreement, is primarily designed for those whose main business is electrical contracting and those who wish to be able to self-certify all types of electrical work in dwellings. For more information on this scheme see [www.elecsa.org.uk](http://www.elecsa.org.uk)

## **NAPIT Certification Limited**

This scheme is designed primarily for those whose main business is electrical contracting and will allow its members to self-certify all types of electrical installation work in dwellings. For more information on this scheme see [www.napit.org.uk](http://www.napit.org.uk)

## **NICEIC Certification Services Limited**

This scheme, which is known as the Domestic Installer Scheme, is designed for those who wish to be able to self-certify all types of electrical work in dwellings either as an electrical contractor or as part of an ancillary trade activity. For more information on this scheme see [www.niceic.org.uk](http://www.niceic.org.uk)

3. They can produce a copy of their original qualifications and evidence of their experience, such as:

- (a) City & Guilds 2360 Part 1 and 2 plus an NVQ level 3.
- (b) City & Guilds 2360 Part 1 and 2 and have been working in industry for the last 5 years.
- (c) City & Guilds 2381. (This was set up as a “refresher” course to inform electricians who completed 2360 Part 1 and 2 some time ago, of the changes to BS 7671. Possession of this alone does not imply competence.)
- (d) City & Guilds 2351, combined with NVQ level 3 will imply competence. (This qualification is no longer on the teaching syllabus.)
- (e) City & Guilds 2330. This is a level 2 and 3 qualification. When combined with a NVQ level 3 will imply competence. (This qualification will replace City & Guilds 2360 and 2351 and the first candidates will not graduate until 2008.)
- (f) City & Guilds 2391 combined with 5 years practical experience will imply competence, with the inspection and testing process.

**It should be noted that Regulation 16 of the Electricity at Work Regulations 1989 (amended) requires that a competent person should possess both technical knowledge and experience. It is the person who is at work who is responsible in law, and as such any possession of certificates only point towards possible/probable competence. Should anything go wrong in an electrical system it will not be the inspecting body that will be prosecuted (NICEIC/NAPIT etc) but rather the person and/or company working on the electrical system that will have to justify the decisions that they have made.**

Appendix 2



**SMALL TO MEDIUM PREMISES  
Fire Risk Assessment**

The Regulatory Reform (Fire Safety) Order 2005

**Premises:**

**Address:**

**Telephone number:**

**Date of Fire Risk Assessment:**

**Person responsible for premises:**

**Deputy person responsible for premises:**

**Name of person carrying out the Fire Risk Assessment:**

**Review date of the Fire Risk Assessment:**

## General Statement of Policy

“It is the policy of (employer/company/etc.) to protect all persons including employees, customers, contractors and members of the public from potential injury and damage to their health which might arise from work activities.

The company will provide and maintain safe working conditions, equipment and systems of work for all employees, and to provide such information, training and supervision as they need for this purpose.

The company will give a high level of commitment to health and safety and will comply with all statutory requirements.”

## Management Systems

Provide a statement specifying the planning, organisation, control, monitoring and review of the fire risk assessment.

- Planning -setting objectives, design of tasks
- Organisation -structure of organisation
- Control -identify persons responsible for tasks
- Monitoring -regular inspections to check and control standards
- Review -review performance

## Brief Description of Premises

Size, type, use, number of occupants

# Fire Risk Assessment

## What is a Fire Risk Assessment

A competent person is required to carry out a fire risk assessment of the place to ensure persons are not at risk of serious injury from the effects of fire. The competent person must identify hazards in their place, which could put people at an unacceptable risk, and then either remove the hazard or put in place some means of controlling the risk.

## What features should the fire Risk Assessment include?

In most cases you will need to produce a drawing showing the main layout of the premises. The following should be identified.

- Sources of fuel
- Sources of ignition
- Places where a fire could start
- Escape routes
- Fire resisting walls, windows and doors
- Places that need escape lighting
- Appropriate signs and notices
- Fire detection
- Fire alarm
- Fire fighting equipment

## What existing control measures are in place?

Your fire risk assessment should include measures, which have already been put in place. You may have received advice in the past. Factories, offices or shops may have been issued with a fire certificate. Licensed premises will have been registered with the local authority. However, the person responsible must carry out their own fire risk assessment of the premises.

## How do you carry out a fire & safety review?

Look around your premises and consider the risk to other persons who might visit or use the premises. Use the pro-forma below to assist you. It will also satisfy the requirement to record the results of your fire risk assessment. The assessment will need to be reviewed each time you make significant changes in the premises.

## Identification of hazards

A hazard is something, which has the potential to cause a fire or assist the spread of fire. High hazards include naked flames and hot processes, including cooking. Portable electrical equipment can be a hazard especially if it is not regularly checked and maintained.

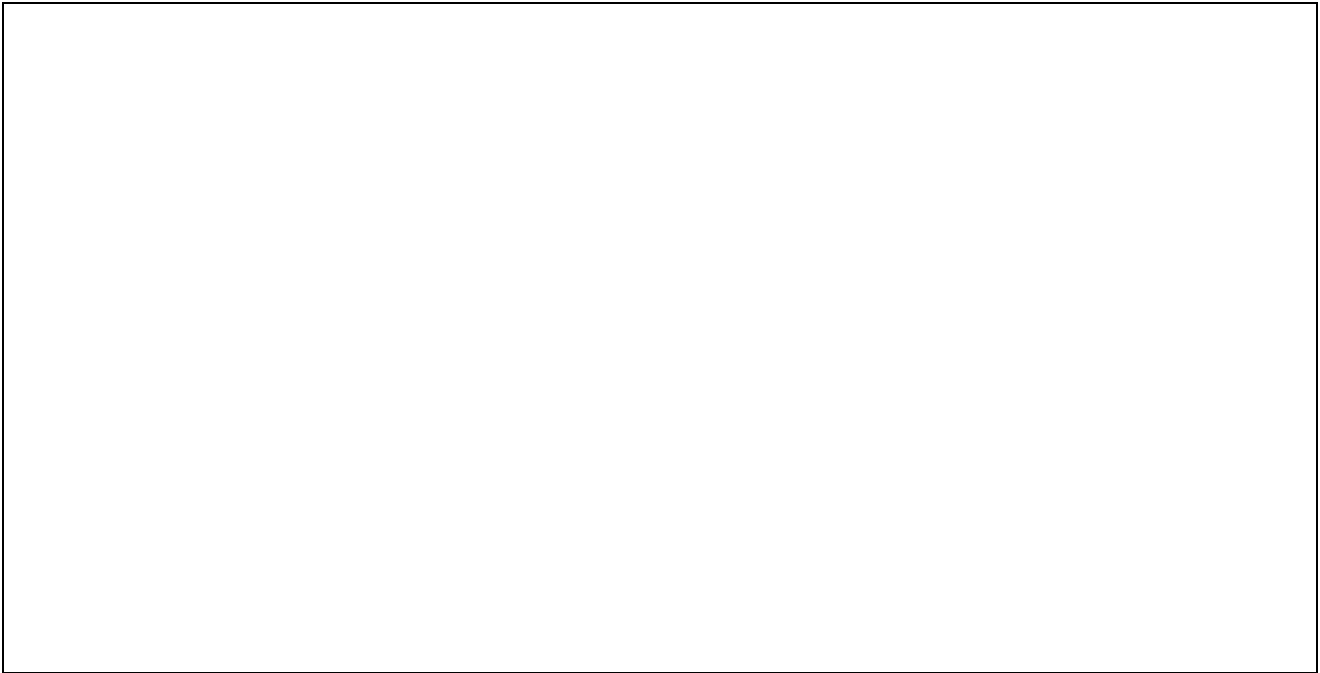
Look also for the following:

- Smokers and discarded smoking materials
- Portable heaters, especially LPG
- Storage too close to heat sources
- Obstruction of vents or cooling systems
- Flammable gases, liquids or aerosols
- Chemicals, plastics and foamed products including seating upholstery
- Accumulations of combustible waste

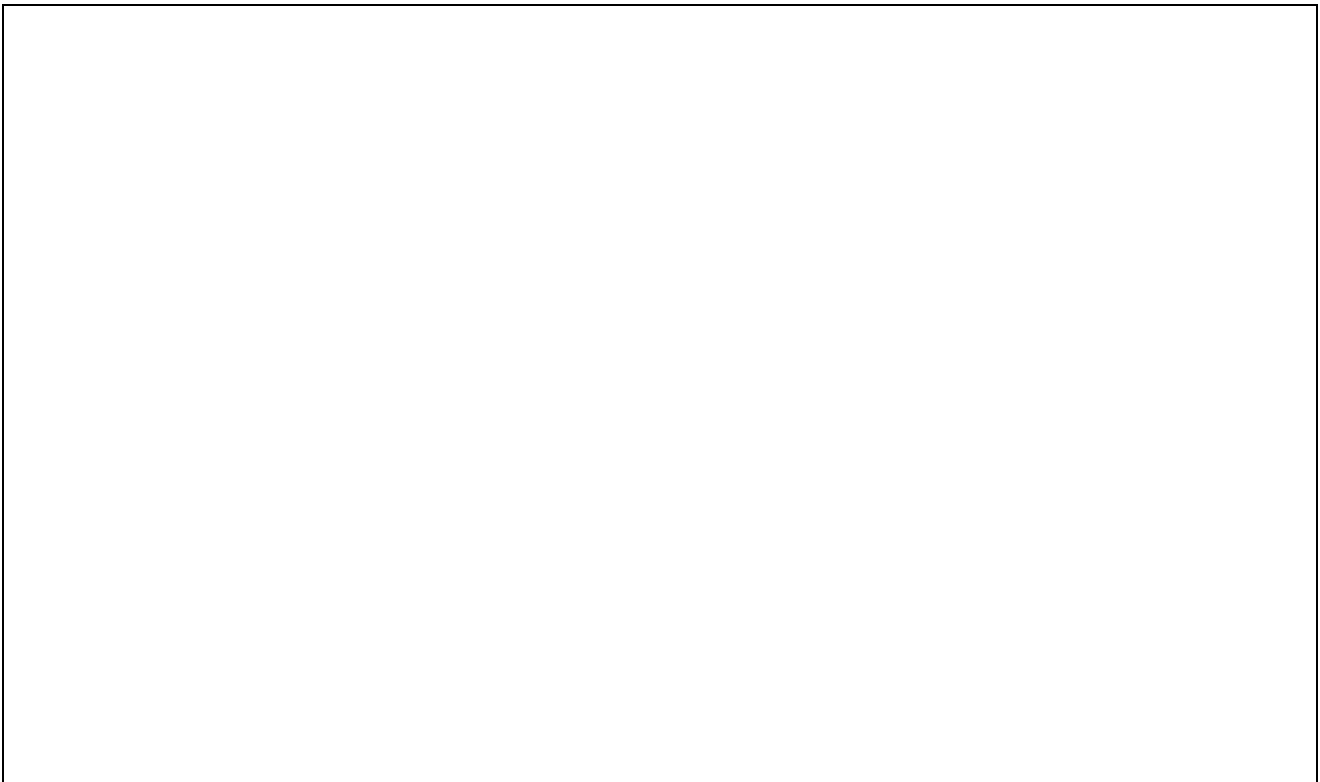
Make a list of the hazards within your place, which might cause a fire or the spread of fire.



Explain the measures, which are already in use to control the risk from hazards identified above. (You might refer to methods of use and storage and the existence of fire separation, which provides people with protection).



Identify any additional control measures you will need to put in place to deal with any of the hazards listed above.



## Identification of people at risk

People are at risk from a fire if the products of the fire (smoke and toxic gases) could affect them before they can leave the building. People are helped if they can be given an early warning of fire and if they can turn away from the fire and make their way safely out of the building.

Complete each box below identifying people at risk and their location.

<b>Upper floors:</b> Especially over 3 storeys (where they should have at least two separate ways to escape).
<b>Single staircase:</b> Could people be at risk from a fire below them, which prevents escape?
<b>Long distance of travel or dead-end conditions:</b> Details are given in the Relevant Guide – details at the rear of this document.
<b>Inner rooms:</b> Where people have to travel through outer rooms in order to escape – see Relevant Guide.
<b>Basement areas:</b> Where artificial lighting is required and escape requires a staircase to the ground floor.
<b>Visitors:</b> Who may be at higher risk because they are not familiar with the escape routes or because they are working in restricted spaces?
<b>People with special needs:</b> Who may require help to enable them to escape?

**Young People:**

Who may be at risk due to inexperience, awareness of risks and immaturity?

**High Risk Areas:**

Who may be at greater risk due to their environment or location?

## Specific Control Measures

Record your findings for each of the following, including actions which will need to be taken to correct deficiencies.

<b>Fire Alarm – detection</b> Is there a need to provide early detection? Does the existing system meet the need?
<b>Fire Alarm – warning</b> Can everyone in the building hear the fire alarm? Is there a need for other means of giving warning e.g. visual signals?
<b>Escape lighting</b> Are there any parts of the building where escape would be difficult if the normal lighting failed, e.g. internal corridors and staircases?
<b>Escape routes</b> Are there enough routes to enable people to escape without being put at risk by the fire? Where there are alternatives are they separated so both will not be simultaneously affected by fire?
<b>Fire Extinguishers – (1)</b> Are there enough of the appropriate types to enable a small fire to be tackled?
<b>Fire Extinguishers – (2)</b> Is there a maintenance programme? Are employees given adequate training in the use of fire extinguishers?
<b>Escape signs</b> Are there enough signs to enable persons to use all escape routes?

<p><b>Staff training</b></p> <p>Have all staff received some instruction in what to do in the event of fire? Is there a need to carry out an evacuation drill? Have the details been recorded?</p>
<p><b>Disabilities</b></p> <p>Are there any special arrangements for the evacuation of persons with special needs?</p>
<p><b>Testing</b></p> <p>Is the fire alarm and emergency lighting tested in accordance with the relevant standard? (Records should be kept of all tests including history of faults and remedial actions).</p>

<p><b>Arson</b></p> <p>Have you considered your vulnerability to arson attack?</p>
<p><b>Security</b></p> <p>Can people open all doors easily on escape routes? Are there measures in place to ensure people are not locked in the premises out of normal hours?</p>

**Safe Working Practices**

Your day-to-day working practices could have a significant effect on the level of risk, which exists. Look at your working practices and comment on how they could affect the risks you have identified.

<p><b>Staff training</b></p> <p>Are all staff made aware of any special measures which need to be considered relating to their work tasks?</p>

<b>Work permits</b> Do any workers, including outside contractors, require a permit to work before commencing any tasks involving hot work or flammable materials?
<b>Housekeeping</b> Is the amount of flammable materials kept to a minimum? Is flammable waste placed in metal bins? Is flammable waste removed to a safe storage area regularly? Are stocks of flammable materials stored in places designated for the purpose?
<b>Preventative maintenance</b> Is all machinery and electrical equipment serviced and tested as per manufacturer's recommendations?
<b>Other Control Measures</b> Are other Health and Safety regulations adhered to eg: COSHH etc

## Further Comments

If necessary, add any further comments, which may be relevant:

## Fire Risk Assessment Review

A review of your fire risk assessment is required to be carried out periodically. This may be when you make changes in the workplace, including taking on additional staff.

The date of the review should be entered on the front cover

**Further guidance can be found in the HM Government Fire Safety Risk Assessment Booklets.** This series of eleven booklets which relate to the different type of premises use are available free online at [www.communities.gov.uk/fire/firesafety/firesafetylaw](http://www.communities.gov.uk/fire/firesafety/firesafetylaw) alternatively they can be purchased from HMSO bookshops.

### The guides in this series.

#### **Title Book Number**

**Offices and shops** ISBN- 13:978 | 85112815 0

**Factories and Warehouses** ISBN- 13:978 | 85112816 7

**Sleeping Accommodation** ISBN- 13:978 | 85112817 4

**Residential care premises** ISBN- 13:978 | 85112818 1

**Educational premises** ISBN- 13:978 | 85112819 8

**Small and medium places of assembly** ISBN-13:978 | 85112820 4

**Large places of assembly** ISBN-13:978 | 85112821 1

**Theatres, cinemas & similar premises** ISBN-13:978 | 85112822 8

**Open air events and venues** ISBN-13:978 | 85112823 5

**Healthcare premises** ISBN-13:978 | 85112824 2

**Transport premises and facilities** ISBN-13:978 | 85112825 9

**Animal Premises and stables** ISBN-13:978 | 85112 884 6

If you are unsure as to the guide that most closely suits your individual premises assistance will be given if you contact Humberside Fire and Rescue Service Fire Safety Technical section.



## Fire Risk Assessment – Check List

In order to confirm that you have addressed all of the relevant aspects of the fire risk assessment, use the following checklist.

5 or more employed to work, licensed premises – record significant findings

<b>Risk Assessment Considerations</b>			
<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Stairs			
Corridors			
Rooms			
Inner Rooms			
Unoccupied areas			
General lighting			
Emergency lighting – (current test records available?)			
Means of giving warning of fire – (current test records available?)			
Smoke/heat detection – (current records available?)			
Signs and notices			
Electrical appliances			
Heating appliances			
Heat sources			
Interior furnishings			
Structural integrity compartments			

Combustible waste			
Combustible substances			
Flammable substances			
Smoking			
Contractors			
Visitors			

Members of the public			
Disabled			
Sleeping			
Hot work			
Arson – deliberate or suspicious ignition			

<b>Employee Training</b>			
<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Fire risk assessment findings			
Duties and responsibilities of employees			
Induction – new employees			
Induction – contractors			
Refresher – periodic updates			
Training should be relevant to workplace activity			

<b>Employee Training – Content</b>			
<b>Criteria</b>	<b>Yea</b>	<b>No</b>	<b>N/A</b>
Action to be taken on discovering a fire			
How to raise the fire alarm			
Action to be taken on hearing the fire alarm			
Arrangements for calling fire & rescue service			
Evacuation procedures to a place of ultimate safety			
Location and use of fire extinguishers			
Escape routes			
Fastenings on final exit doors			
Fire doors closed tightly and fully onto rebates			
Stopping processes and isolating power supplies			

Lifts not to be used for means of escape purposes			
Housekeeping			

<b>Employee Training – High Risk Areas</b>			
<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Safe operation of plant and equipment			
Emergency procedures for plant and processes			
Safe storage and use of flammable materials			

## Single Line Drawing Identifying Main Features

Criteria	Yes	No	N/A
Layout of the place			
Escape routes			
Doorways			
Walls			
Partitions			
Corridors			
Stairways			
Fire resisting structure			
Self-closing fire doors			
Means of fighting fire			
Fire alarm call points			
Emergency lighting			
Automatic fire-fighting systems			
Sprinkler control valve			
Gas shut off valve			
Oil shut off valve			
LPG shut off valve			
Fire action notices			

## Fire Emergency Plan

The development of a relevant and realistic Fire Emergency Plan will help people in the place to know what to do if there is a fire and ensure that the place is quickly and safely evacuated. The plan should contain a statement of the main hazards and risks associated with the particular place and give details of any relevant action required by the management during and following a fire.

Criteria	Yes	No	N/A
Action to be taken in the event of a fire			
Raising the fire alarm			
Evacuation procedure			
Assembly points			
Roll call arrangements			
Identification of escape routes			
Access to escape routes and to a place of ultimate safety			
Fire fighting equipment			
Identity of persons with specific responsibilities			
Duties of persons with specific responsibilities			
Arrangements made for contractors			
Arrangements made for members of the public			
Arrangements made for disabled			
Isolation of machines, processes and power supplies			
Special arrangements for high risk areas			
Person responsible for calling fire and rescue services			
Procedures for liaison with fire and rescue service			
Arrangement for notification of special risks			
Training needs of employees			
Arrangements in place for meeting training needs			
Arrangements following a fire			

## Final Completion Checklist

Have the significant findings been identified?	
Have those who are at risk from the hazards been identified?	
Have the existing control measures been identified?	
Have inadequately controlled risks been identified?	
Is any remedial action needed?	
Have all further action(s) required been specified?	
Has it been determined who will carry out the further action?	
Has a fire emergency plan been formulated?	
Has a review date been entered?	

**Note: If there are any significant changes made within the place, you will need to review your fire risk assessment**

## FIRE RISK ASSESSMENT – SIGNIFICANT FINDINGS

Significant Finding	Control Measure	Action Required

**FIRE RISK ASSESSMENT – Deficiencies/Work Required**

<b>Location</b>	<b>Deficiency</b>	<b>Action Required</b>	<b>Target Date</b>	<b>Completion Date</b>