



# Capital Development Guideline — Series 7

## Fire Risk Management Policy and Procedures

Policy and Procedures

Fire Risk Management — 2013

7.1





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## Fire Risk Management Policy and Procedures

### Policy and Procedures

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## Abbreviated Terms

The following abbreviated terms are used in this document.

<b>ABCB</b>	Australian Building Codes Board
<b>AFAC</b>	Australasian Fire Authorities Council
<b>AS</b>	Australian Standard
<b>BAB</b>	Building Appeals Board
<b>BCA</b>	National Construction Series – Building Code of Australia
<b>CDG</b>	Capital Development Guideline(s)
<b>CFA</b>	Country Fire Authority Victoria
<b>CSO</b>	Community Service Organisations
<b>DH</b>	Department of Health Victoria
<b>DtS</b>	Deemed-to-Satisfy
<b>FBIM</b>	Fire Brigade Intervention Model
<b>FEB</b>	Fire Engineering Brief
<b>FER</b>	Fire Engineering Report
<b>FERPTF</b>	Fire and Emergency Response Procedures and Training Framework
<b>FIP</b>	Fire Indicator Panel
<b>FRM</b>	Fire Risk Management
<b>FRMU</b>	Fire Risk Management Unit of the Department of Human Services
<b>FSE</b>	Fire Safety Engineer
<b>IFEG</b>	International Fire Engineering Guidelines 2005
<b>MFB</b>	Metropolitan Fire and Emergency Services Board
<b>NGO</b>	Non-Government organisation
<b>RBS</b>	Relevant Building Surveyor
<b>SOU</b>	Sole Occupancy Unit
<b>SWMS</b>	Safe Work Method Statement





# 1. Introduction

## 1.1 The purpose of the Guidelines

As part of its service provision mandate, the Department of Human Services and Department of Health (*Department*) is committed to providing safe and secure buildings for its staff and customer/*clients*. A critical part of this commitment is the development of a Fire Risk Management Strategy (FRMS).

Guidelines have been developed to aid compliance with the obligations of the Department and the Director of Housing for fire risk management (FRM) in buildings that are owned, operated or funded by the Department including for the accommodation of people under statutory supervision of the Secretary of the Department of Human Services, Secretary of the Department of Health or Director of Housing or an Agency (defined as *clients*).

The suite of Guidelines provide the Department policy, procedures and processes to manage the risks to life due to fire in certain types of buildings which are owned, operated or funded by the Department.

The purpose of these Guidelines is to provide appropriate levels of fire safety for staff, *clients* and other occupants of a building subject to the Guidelines, in part by providing for appropriately qualified professionals, such as *Fire Safety Engineers* (FSE), *Building Surveyors*, *Building Inspectors* and *Auditors* to audit and assess fire risk, recommend steps to minimise fire risk, and to assess and report on acceptable standards of fire safety, in specific settings.

The use of the Guidelines is subject to the following:

- (a) The Guidelines do not constitute all of the possible fire safety matters that could apply to a specific situation, but are provided for assistance in determining appropriate fire safety measures. It is up to individuals acting with appropriate professional advice to determine their application to particular situations.
- (b) Guidelines CDG 7.3 to CDG 7.12 must only be used for purposes within the range set out in the 'Introduction' section at the start of each document.
- (c) In addition to the fire safety requirements and standards in the Guidelines, owners, occupiers and operators of facilities and buildings may be subject to various other statutory, common law and contractual obligations. They should seek advice, including legal advice, on the existence and scope of these obligations.

## 1.2 Purpose of this document

Guideline 7.1 Policy and Procedures provides the framework for the policy and procedures of the fire risk management Guideline documents published by the FRMU. It is one of a series of documents collectively titled the Capital Development Guidelines—Series 7 and numbered from 7.0 to 7.12.

### 1.3 Fire Risk Management Guidelines Structure

The suite of Guidelines is formally known as the Capital Development Guidelines – Series 7, and comprises the following documents:

- (a) Guideline 7.0 Manual for first-time & infrequent users
- (b) Guideline 7.1 Policy and Procedures
- (c) Guideline 7.2 Engineering Guidelines
- (d) Guideline 7.3 Secure Facilities
- (e) Guideline 7.4 Supported community-based houses
- (f) Guideline 7.5 Congregate Care Facilities
- (g) Guideline 7.6 Hospitals
- (h) Guideline 7.7 Community-based houses
- (i) Guideline 7.8 Single Dwellings
- (j) Guideline 7.9 Multi-storey housing
- (k) Guideline 7.10 Accommodation buildings
- (l) Guideline 7.11 Short Term Emergency (Contingency) accommodation
- (m) Guideline 7.12 Disaster Recovery Facilities

Guidelines 7.1 and 7.2 provide the background, policy and procedural information, whilst the remaining Guidelines provide the guidance in relation to specific types of buildings or facilities.

The complete suite of Guideline documents is collectively referred to as the Guidelines within this document and the other Series 7 Guideline documents.

### 1.4 Interpretations

In this Guideline, unless the contrary appears:

- headings are for convenience only and do not affect interpretation
- a reference to a statute or other law includes regulations and other instruments under it and consolidations, amendments, re-enactments or replacements of any of them
- words in the singular include the plural and vice versa
- where a word or phrase is defined, its other grammatical forms have a corresponding meaning
- mentioning anything after include, includes or including does not limit what else might be included.

### 1.5 Definitions

Words and expressions used in this document and throughout the associated Guidelines that are shown in *italics* are defined terms.

Appendix 1 of this document includes definitions used in this document and throughout the complete CDG Series 7 Guidelines.

**Note:** The definition of a *client* is a key to the application of the Guidelines and should be noted wherever that term is used in the Guidelines.

## 2. Fire risk management objectives and purpose

### 2.1 General

The Department is committed to ensure that the people of Victoria have access to services that protect and enhance their health and social wellbeing and to best allocate available resources to meet their needs. As part of this commitment, the Department aims to address FRM in a manner that is consistent with satisfying its responsibilities and commitment, in a cost-effective manner.

The goal of the Department is to meet, as a minimum, the standard of fire safety applicable to the wider community and to meet additional standards where appropriate to meet the particular risks from the attributes of a particular *client* or *client* group. The Department recognises that the risk to life from fire can be significantly greater where bed-based accommodation is provided in a building or where *clients* need assistance to evacuate a building.

Effective FRM relies on a complex interaction between *human factors*, building compliance and effective operation of passive and active systems to detect, warn and where appropriate to suppress fire.

### 2.2 Objectives

The FRM objectives of the Department Guidelines can be divided into primary and supplementary objectives.

The primary objectives are:

- (a) Safeguard from illness or injury due to a fire, the people residing in (e.g. *clients*) or working in (e.g. Department staff) or otherwise attending a building subject to the Guidelines.
- (b) Comply with relevant Acts and Regulations that relate to fire safety in buildings, including occupational health and safety laws.
- (c) Maintain a safe and secure environment from other risks<sup>1</sup> in the building or facility.
- (d) Set clear governance, accountability and reporting systems for FRM responsibilities that relate to fire safety in buildings.

Compliance with the Guidelines is intended to satisfy the primary objectives.

The supplementary objectives include to:

- (a) maintain services to the local communities
- (b) enable continuation of operations (minimisation of business interruption)
- (c) protect assets
- (d) achieve community expectations for service levels and standards.

Compliance with the Guidelines may not always adequately address the supplementary objectives for a particular building or facility. Management input is required to determine if there is a need for additional precautions in relation to the supplementary objectives.

<sup>1</sup> For example, in secure facilities where some fire safety systems can present as hanging points and door locking processes will require management and should not be able to be automatically opened upon a fire alarm.

## 2.3 The Guidelines and their purpose

The Guidelines serve the following purposes:

- (a) To assist in determining appropriate levels of fire safety in buildings that are owned and/or operated by the *Department*, Director of Housing (DoH), a community service organisation (CSO) or non-government organisation for the purpose of providing *bed-based care, support or supervision* services for *clients* that are either directly delivered or funded by the Department or Director of Housing through a service agreement (Guidelines 7.3, 7.4, 7.5, 7.6, 7.7, 7.11 and 7.12).
- (b) To afford adequate life safety consideration in buildings owned or funded by the Secretary of the Department or Director of Housing that provide sleeping accommodation for *clients*. Specifically, for the Director of Housing, these buildings are single dwellings, multi-storey apartments and boarding houses (Guidelines 7.8, 7.9 and 7.10).

These purposes are achieved by applying the *fire risk management process*. That is the process of determining whether an appropriate level of fire safety is achieved in a building by undertaking a *fire safety audit*, *fire safety compliance check* and *fire risk assessment* where necessary.

An appropriate level of fire safety means not only the minimum statutory requirements applicable, but also the consideration of factors relevant to service needs, security, *client* profile and behaviour, *staff profile*, fire prevention training and ongoing maintenance.

A specifically designed safety inspection regime has been established by the Director of Housing for its public housing properties in relation to dwellings managed by Director of Housing (Guidelines 7.8, 7.9 and 7.10).

## 2.4 The Department and individuals must meet legislative requirements

### 2.4.1 Occupational Health and Safety duties of the Department

The Department, as an employer, has duties and obligations under the *Occupational Health & Safety Act 2004* (the OHSA) that are directly related to what the Department does and who may be affected by activities of the Department.

The OHSA requires the Department as an employer, so far as is reasonably practicable, to maintain a working environment that is safe and without risks to the health of its employees (which may include contractors and sub-contractors).

The Department also has a duty to ensure, so far as is reasonably practicable, that other people, which includes *clients*, visitors and other members of the public are not put at risk to their health or safety from the way in which the Department conducts its responsibilities (e.g. when operating facilities and providing services, directly or through others).

The Department may also have a duty where a person has some management or control of a particular workplace. In this case, there is a duty under the OHSA to ensure, so far as is reasonably practicable, that the workplace (e.g. building and surrounding areas) and the means of entry and exit are safe and without risks to health. This duty applies to premises that are a workplace of the Department or other people, even where the Department does not have staff at the location.

The Department must comply with its duties to the extent to which it has control over relevant matters (e.g. the workplace, the people carrying out or affected by activities for the Department or under its direction). The Department cannot contract out of these duties, but may comply with the duties through the activities of contractors engaged by it.

The OHSA requires the Department to eliminate or reduce risks to health and safety so far as is reasonably practicable.

The OHSA and case law provide that what is 'reasonably practicable' is that which is reasonably able to be done at the particular time and in the particular circumstances. This is to be determined having regard to all relevant matters including the following:

- (a) likelihood of the hazard or risk eventuating
- (b) degree of harm that would result if the hazard or risk eventuated
- (c) knowledge – including what a person ought to know – about the hazard or risk and any ways of eliminating or reducing the hazard or risk
- (d) availability and suitability of ways to eliminate or reduce the hazard or risk
- (e) cost of eliminating or reducing that hazard or risk.

The degree of harm that may result from a fire can be multiple fatalities, meaning that considerable efforts should be made to eliminate or minimise the likelihood of a fire occurring (e.g. through choice of building materials and regulation of activities within buildings) and to eliminate or minimise harm to the health and safety of people from the fire (e.g. through fire suppression and timely evacuation).

The Guidelines have been developed to assist in identifying the particular measures that may be used in relation to a building to achieve these outcomes.

To fulfil these obligations in relation to fire, the Department must be able to show that it has assessed the risk of fire and, insofar as is practicable, taken steps to minimise any risks to health and safety.

The duties of the Department under the OHSA are ongoing. This means that changes in circumstances - including changes in the building, its use or the *client* and *staff profiles* – must be identified, the implications for ongoing fire safety must be considered and measures taken to address changes in fire risk.

#### 2.4.2 The Department may need to do more than comply with the BCA

The environment in which the Department operates is continually changing. Population growth has increased the demand for community-based services. In providing these services, the Department has identified limitations for fire safety of applying only the *building regulations* and the prescriptive DtS provisions of the BCA to buildings owned operated and/or funded by the Department. In particular, the classification system may lead to the provision of inadequate or inappropriate fire precautions.

The *building regulations* prescribe the inclusion of fire safety requirements to a broad range of buildings and represent a minimum standard that the community is prepared to accept. The *building regulations* provide a generalised approach to reducing the risk of loss of life, property and injuries. The *building regulations* do not usually prescribe to matters that relate to specific client needs and interactions, staffing levels or training.

The particular requirements for fire safety will depend on the circumstances, including the various matters identified and considered in the Guidelines (e.g. building use, client characteristics). The BCA DtS provisions are general in their nature and do not take into account the specific circumstances. Compliance only with the BCA DtS may not be sufficient to provide compliance with the health and safety duties of the Department.

The Department has a primary responsibility to staff and *clients* in buildings from which services are provided. Many appropriate fire safety responses might be outside the scope of the *building regulations* and BCA provisions. Additionally, some buildings or service models may also be outside the range of buildings currently considered by the *building regulations* and BCA provisions.

The Guidelines are intended to address these differences and to consider individual *client* safety as the primary objective. The Guidelines, *Mandatory Measures* and 'Other Department Specific Measures' take into account the specific nature and use of the buildings by the Department. Consideration should be given at all times to whether additional measures may need to be taken for fire safety in the particular circumstances.

Examples of the additional requirements in the Guidelines include: enhancement or addition of passive and active fire safety systems; staff training; *evacuation exercises*; case management of *clients*; maintenance; reporting responsibilities; and fire prevention.

### 2.4.3 Concurrent duties of building owners and others

A building owner or manager may also have duties under the OHSA and requirements under the *building regulations* and BCA provisions. Those duties are concurrent with the duties placed on the Department.

The fact that another person has a duty does not relieve the Department of its duties. A failure by another person to comply with their duties and obligations will not excuse a failure by the Department to meet its duties and obligations.

In many cases, the Department can meet its duties under the OHSA by taking steps to confirm compliance by the building owner or manager or other person, or by cooperating with the building owner or manager (e.g. in *evacuation exercises* conducted by them).

### 2.4.4 Duties of individuals

Every employee has a duty under the OHSA to take reasonable care for their own health and safety and that of others while at work. Reasonable care is what would be expected of a reasonable person in the position of the employee in the circumstances. This will depend on the role, control, influence, knowledge and resources of the individual. In short, reasonable care requires an employee to do their job properly, and with care.

The duty of an employee is also concurrent with the duties of the Department and compliance by every employee is critical to compliance by the Department. It is for this reason that the OHSA specifically requires employees, as part of their duty, to co-operate with their employer with respect to any action taken by the employer to comply with a requirement under the OHSA. This means that every employee must comply with the policies, procedures and instructions of the Department.

The executive management and other managers within the Department may be liable for a breach by the Department that is attributable to the failure by them to take reasonable

care in their role. For this reason, they will be concerned to ensure that the Department has appropriate policies and procedures in place, such as these Guidelines, and to ensure that compliance with the Guidelines is being monitored.

Part 8 of this document, and elsewhere in the Guidelines, there are specific fire safety roles and responsibilities for various people within the Department and within a facility. This is to ensure clarity and guide each employee as to what is expected of them in their broader role as it relates to fire safety.

## 2.5 Changes from the previous edition of the Guidelines

This new edition of the Guidelines represents the fourth review of the Guidelines and amends the 2008 edition of the Guidelines. The Guidelines have been changed to incorporate the following:

- (a) Clarification of the scope and application of the Guidelines. For example, that the Guidelines apply to buildings where *clients* are provided with bed-based care, support or supervision, and buildings that the Secretary of the Department or Director of Housing own, operate or fund which provide sleeping accommodation.
- (b) Removal of the previous focus on *existing buildings* as the Department has substantially upgraded existing buildings since the introduction of the Guidelines in 1997 (and the requirements have changed accordingly).
- (c) Reduced obligations if the minimum standard is adhered to. For example, the need to undertake a full *fire risk assessment* is waived if the building fully complies with the Mandatory and Other Department Specific Measures detailed in each Guideline.
- (d) Clarification that future audits (minimum, one every 5 years and specifically as required by the *FRM Review Panel* or on structural change or additions) should focus on the current *Fire Safety Handbook* for the building.
- (e) Development of Manual for First Time & Infrequent Users (Guideline 7.0).
- (f) Reference to the FRM Review Panel.
- (g) Reference to Practitioner accreditation through FRMU.
- (h) Simplification of the Guidelines given that most buildings are now provided with automatic fire sprinkler systems.
- (i) Variations have been added to Guideline 7.4 and 7.7 so that fire hydrants and fire hose-reels in buildings between 500m<sup>2</sup> and 750 m<sup>2</sup> are no longer required (subject to approval of the Fire authority) to allow the domestic nature of these buildings to be continued subject to approval through formal process.
- (j) Clarification of BCA Classification and application of the term 'sole-occupancy unit' (SOU) has been added to reduce variation in application of the BCA by practitioners.
- (k) Further clarification and separation of technical requirements to minimise confusion or misinterpretation.
- (l) Removal of explanatory text from requirements and additional commentary in appendix where applicable.
- (m) Inclusion of *client* and *staff profile* limitations and expectations for each Guideline.



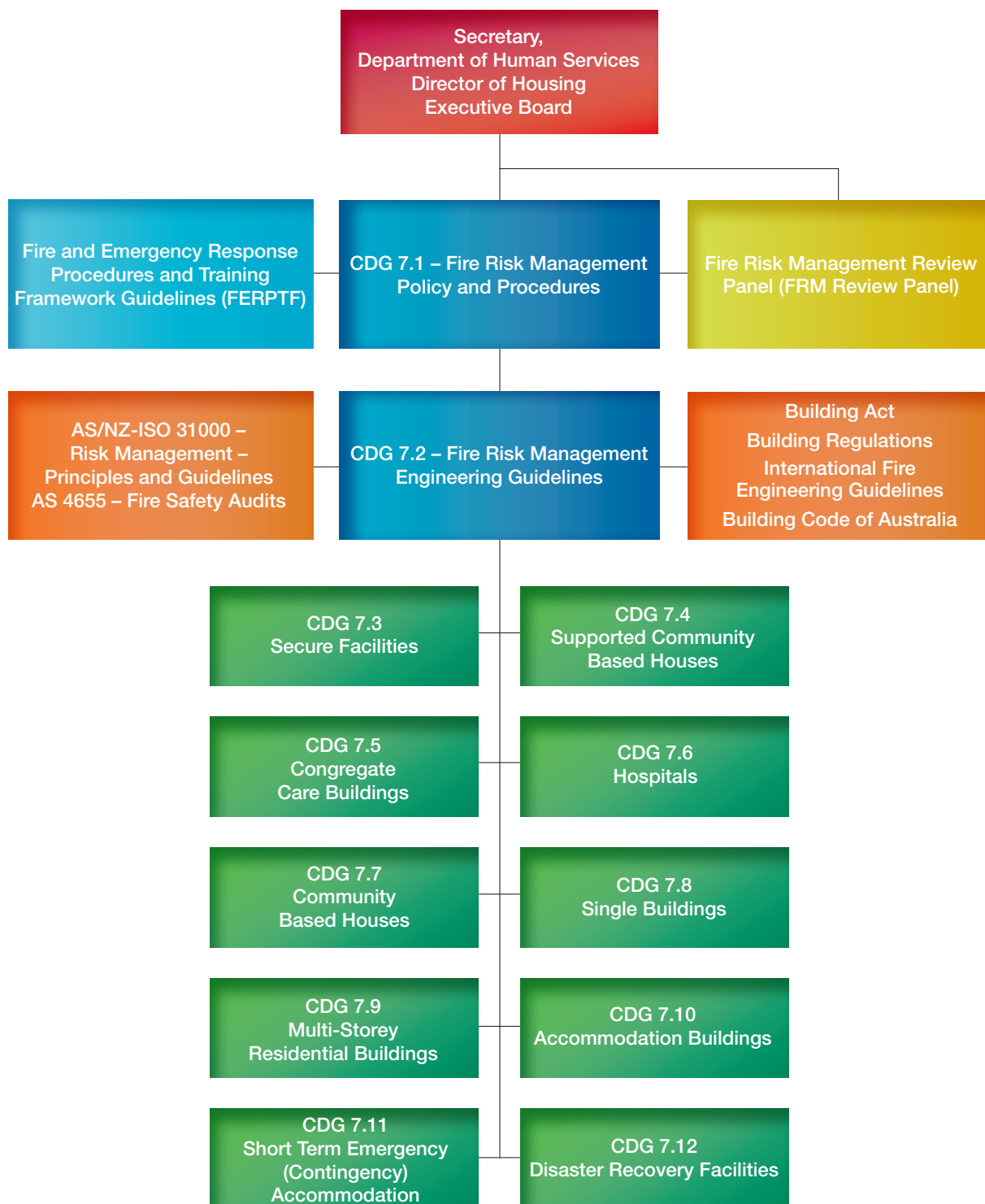
## 2.6 The fire risk management Guideline structure

The *fire risk management process* includes use of appropriate engineering, technical and management tools including:

- (a) AS/NZS-ISO 31000 – Risk Management – Principals and Guidelines;
- (b) AS-4655 Fire Safety Audits;
- (c) International Fire Engineering Guidelines 2005 (IFEG 2005);
- (d) Department of Human Services, Fire and Emergency Response Procedures and Training Framework (FERPTF) document.

The specific Guideline structure is described in Figure 2.1, below. Further details are included in Guideline 7.2.

Figure 2.1: CDG FRM Series 7 Guidelines Framework



## 3. The minimum requirements for buildings with sleeping accommodation in Victoria

The information below is provided to assist in determining appropriate requirements for fire safety for *clients* of all buildings. The advice of a registered *Building Surveyor*<sup>2</sup> must be sought to determine the particular legislative requirements and required permits for any specific cases.

### 3.1 Minimum regulatory requirements<sup>3</sup>

In Victoria all buildings in which *clients* are intended to sleep (BCA class 1, 2, 3, and 4) are required to be provided with a minimum of a single mains with battery powered backup smoke alarm outside each bedroom, between the door to the bedroom and the remainder of the building or Sole Occupancy Unit. This requirement applies regardless of the age, type, location or size of the building.

### 3.2 New buildings

New and existing buildings in which the Secretary of the Department or Director of Housing *own, operate or fund* must comply with the DtS requirements of the BCA<sup>4</sup> which includes specific fire safety provisions and the mandatory requirements of the specific Guidelines.

The minimum requirements for most new buildings with sleeping accommodation and provision of care services are automatic fire sprinklers and mains powered (240 volt) smoke alarms with non-removable, rechargeable battery backup that has a minimum expected lifespan of 10 years or, smoke detectors complying with AS1670. Under the BCA, additional construction requirements and limits on use of certain materials will also apply.

### 3.3 The BCA classification system

The *building regulations* require all buildings, regardless of age, to be classified in accordance with the BCA. The relevant classifications are:

- Class 1a** a single dwelling
- Class 1b** a boarding house, guest house, hostel, crisis accommodation or similar with a total floor area not exceeding 300m<sup>2</sup> measured over the enclosing walls
- Class 2** multi-storey dwellings one above another
- Class 3** (sub-group [a]), a *boarding house*, rooming house, crisis accommodation or similar
- Class 3** (sub-group [d]) accommodation for the aged, children or people with disabilities
- Class 3** (sub-group [f]) a residential part of a detention centre
- Class 9a** a health care building
- Class 9c** an aged care building.

<sup>2</sup> Building Surveyors are registered by the Building Practitioners Board and are employed in Local Government or private practice.

<sup>3</sup> See the specific provisions of the Building Regulations, available at <http://www.legislation.vic.gov.au/> for more detail.

<sup>4</sup> Further details available at <http://www.abcb.gov.au/>

### 3.4 Retrospective requirements for existing buildings

The *building regulations* include provisions for retrospective installation of mains powered smoke alarms with battery backup and automatic fire sprinklers in certain residential buildings. These provisions apply even if the building has been used for the same purpose in the past and no change of use or building work is proposed.

As a minimum, the smoke alarms must be powered directly from the 230V main power supply with non-removable battery backup that has a minimum expected lifespan of 10 years.

### 3.5 Change of use of a building

If an *existing building* is to be converted to a new use (or new classification) then the requirements for new buildings (particularly compliance with the BCA) will apply<sup>5</sup>. For example, the purchase of an existing Class 1a single dwelling for use as accommodation for disabled would result in classification as a Class 3 building. This would require the full analysis and review by a registered *building surveyor* to determine the appropriate requirements<sup>6</sup>.

### 3.6 Building and/or occupancy permits

Under the *building regulations*, all new buildings, alterations or additions to *existing buildings* or change of use require the issue of a building permit.

An occupancy permit is also required for new buildings, change of use or substantial alterations to *existing buildings*.

### 3.7 Maintenance of essential safety measures

Unless otherwise determined by statutory requirements, all buildings, other than Class 1a, require essential safety measures to be maintained and verified at least annually. Examples of essential safety measures are the installation of smoke alarms, sprinklers, exits and exit doors and floor and wall linings.

Refer to the Department's FRMU for current forms, templates, *Practice Notes* and *Advisory Notes* in relation to maintenance of essential safety measures.

<sup>5</sup> A building surveyor appointed for the change of use has some discretion to vary these requirements in certain circumstances.

<sup>6</sup> If these Guidelines also apply, a fire risk assessment may also need to be undertaken.

## 4. Applicability of the Guidelines

The Guidelines provide a general indication of the Department's expectations for fire risk management in buildings subject to the Guidelines, in specific settings.

The Guidelines do not constitute specific fire safety advice and are provided for assistance in determining appropriate fire safety measures. It is up to individuals acting with appropriate professional advice to determine their application to particular situations.

### 4.1 General

The Guidelines apply to all buildings in which the Department owns, provides or funds services which provide bed-based care or sleeping accommodation for *clients* under its care. Buildings which do not provide bed-based care or sleeping accommodation for *clients* are not required to comply with the Guidelines unless they intrinsically form part of the building or facility that does.

The fact that a building is not covered by these Guidelines does not mean that fire prevention in addition to the requirements of the BCA is not required, only that the Department does not require these Guidelines to be followed in those circumstances. While the Guidelines have been developed specifically for the buildings described above, the approach taken and elements of the Guidelines may assist fire prevention in other buildings.

The following steps should be used to determine if the Guidelines apply to a building and if so, which Guidelines are applicable.

**Step 1:** Establishing if the Guidelines apply to a selected situation.

The applicability of the Guidelines can be determined in a number of ways. In all cases the building must be either:

- (a) *owned, or operated or funded* by the Department, Agency or a CSO for the purpose of providing *bed-based care, support or supervision* or services that are either directly or indirectly delivered or operated or funded by the *Department* through a service agreement; or
- (b) owned by the Department or the Director of Housing that provides sleeping accommodation for *clients* but where staff are not present at all times that *clients* are present (i.e. single dwellings, multi-storey apartments and boarding houses and crisis accommodation); or
- (c) a building that does not provide bed-based care or sleeping accommodation which is intrinsically linked to a building or facility which does provide bed-based care or sleeping accommodation for *clients* (see section 4.2 and 4.3 below for further explanation).

**Step 2:** Determining which specific Guidelines apply.

If a building is subject to the Guidelines, the *client and staff profiles* need to be confirmed as this is critical information for interpreting and applying the specific Guideline. Guidelines 7.1 and 7.2 will apply in all cases. Guidelines 7.3 – 7.12 apply to particular types of buildings.

It is possible that more than one Guideline may be applicable to a building, or a facility may contain multiple buildings for which different Guidelines apply.

For many buildings the applicable Guideline will be obvious based on the care model provided in the building. The following table summarises the applicability of each Guideline.

Guideline	Typical Description
7.3	Facilities which provide accommodation and education for children or young adults (typically under 18 years, although may be up to 21 years old) who are subject to a court order for secure welfare.
7.4	Domestic style residential care buildings providing accommodation for up to 8 <i>clients</i> who may have physical and/or intellectual disabilities and have 24 hour staffing (may be sleep-over or up right active) when <i>clients</i> are present.
7.5	Larger residential accommodation buildings requiring 24 hour care which provide accommodation for: <ul style="list-style-type: none"> <li>(a) more than 8 <i>clients</i> who may have physical and/or intellectual disabilities</li> <li>(b) more than 8 <i>clients</i> who are children or young adults (typically under 18 years, but up to 21 years)</li> <li>(c) accommodation for the aged who may not necessarily require assistance to evacuate the building</li> <li>(d) mental health facilities.</li> </ul>
7.6	Hospital buildings which provide bed-based care.
7.7	Domestic style building providing accommodation for up to 8 <i>clients</i> where generally no more than 1 client requiring assistance to evacuate in an emergency and there is 24 hour staffing (may be sleep-over or up right active) when <i>clients</i> are present.
7.8	Typical domestic style dwelling used for public housing stock for individual rental agreements with tenants.
7.9	Low, medium and high rise multi-dwelling buildings used for public housing stock for individual rental agreements with tenants.
7.10	Accommodation buildings used as boarding houses, guest houses, hostels or the like, rooming houses as defined in the <i>Residential Tenancies Act 1997 and crisis accommodation</i> .
7.11	Buildings used for short term emergency (contingency) accommodation where buildings/facilities are provided for children and young people in out-of-home care or persons with a disability assigned to the Department. Occupation of these buildings under these circumstances is limited to a maximum of 6 months.
7.12	Temporary facilities set up to provide any of the above types of care in the period after a declared emergency.

The *client and staff profiles* must also be considered when determining if a Guideline is applicable. The following table summarises applicability of the Guidelines based on the intended *client and staff profile*.

Client Profile	Staff Profile	Guidelines Applicable To Client/Staff Profile								
		7.3	7.4	7.5	7.6	7.7	7.8	7.9	7.10	7.11
<b>Ambulant – Type 1</b> Able to understand alarm and independently evacuate	<b>Type 1</b> No Staff									
	<b>Type 2</b> As Required									
	<b>Type 3</b> 24hr sleepover									
	<b>Type 4</b> 24hr 'stand-up'									
<b>Ambulant – Type 2</b> Able to understand alarm but requires staff intervention to evacuate	<b>Type 1</b> No Staff									
	<b>Type 2</b> As Required									
	<b>Type 3</b> 24hr sleepover									
	<b>Type 4</b> 24hr 'stand-up'									
<b>Ambulant – Type 3</b> Not able to understand alarm but can evacuate with staff intervention	<b>Type 1</b> No Staff									
	<b>Type 2</b> As Required									
	<b>Type 3</b> 24hr sleepover									
	<b>Type 4</b> 24hr 'stand-up'									
<b>Non-Ambulant – Type 4</b> Able to understand alarm but requires physical assistance to evacuate	<b>Type 1</b> No Staff									
	<b>Type 2</b> As Required									
	<b>Type 3</b> 24hr sleepover									
	<b>Type 4</b> 24hr 'stand-up'									
<b>Non-Ambulant – Type 5</b> Not able to understand alarm & requires physical assistance to evacuate	<b>Type 1</b> No Staff									
	<b>Type 2</b> As Required									
	<b>Type 3</b> 24hr sleepover									
	<b>Type 4</b> 24hr 'stand-up'									
<b>Non-Ambulant – Type 6</b> May not be able to be evacuated from the building	<b>Type 1</b> No Staff									
	<b>Type 2</b> As Required									
	<b>Type 3</b> 24hr sleepover									
	<b>Type 4</b> 24hr 'stand-up'									

**LEGEND:**  Guideline is compatible with *client and staff profile*  
 Guideline is not compatible with *client and staff profile*

Where a Guideline is not compatible with a *client / staff profile* combination the proposed staffing and/or *client profile* should either be changed or application made to the Department FRMU for approval or direction.

Guideline 7.2 gives full details regarding *client and staff profiles* and the *client risk matrix*.



## 4.2 Parts of a building subject to the Guidelines but used for other purposes

Where part of a building is used for a purpose other than sleeping accommodation or *bed-based care support or supervision*, then that part of the building must also comply with the Guidelines. This is because these spaces can contribute to the overall fire risk in the building, will contain common services and equipment and will be required to be considered in any evacuation procedures.

## 4.3 Other buildings on the same allotment

Where other buildings exist on a site, they may not need to be considered as a building subject to the Guidelines if the separation distances and external wall construction of both buildings comply with the relevant sections of the DtS Provisions of the BCA. For most situations this will mean a minimum separation distance of at least 6m, unless walls are fire resisting and all openings adequately protected.

Where buildings are adequately separated, but form an intrinsic part of the building or facility, the requirements of the most relevant Guidelines must be applied. Example of such buildings would be non-residential or bed based buildings within the security control perimeter of a secure *facility*.

Where a building is not adequately separated and is not a building subject to the Guidelines, that building need only be considered in terms of the threat of fire spread from that building to any building subject to the Guidelines and that building need not be audited in accordance with the Guidelines.

## 4.4 Connected buildings

Buildings that exist on a site and are connected only by covered walkways, carports or similar, can be considered as separate buildings (subject to separation distances) if the building is of single storey construction, is constructed entirely of non-combustible materials and is either substantially open or adequately smoke and/or fire separated at the connection.

## 4.5 Short Term Emergency (Contingency) accommodation

Occasionally, it will be necessary to house *clients* temporarily at short notice due to children or persons with a disability being assigned to the care of the Department, or care of the Department by Custody to Secretary Order, Guardianship to Secretary Order or other Court Order. In these situations *client* fire safety must be maintained and compliance with the Guidelines is still required.

Capital Development Guideline 7.11 – *Fire Risk Management* in Short Term Emergency (Contingency) accommodation buildings outlines the requirements and processes for Divisions and Areas to manage fire risk in temporary 24-hour staffed residential care buildings provided for children and young people in out-of home care or persons with a disability.

## 4.6 Disaster Recovery Facilities

In the event of a significant natural or man-made disaster it may be necessary to provide temporary replacement buildings or facilities while permanent buildings or facilities are restored or re-built. In these situations *client* fire safety must be maintained and compliance with the Guidelines is still required.

Capital Development Guideline 7.12 – *Fire Risk Management in Disaster Recovery Facilities* outlines the requirements and processes for the Department to manage fire risk in temporary facilities used to temporarily restore services following such an event. This Guideline encompasses all facilities included in Guidelines CDG 7.3 to 7.10.

## 4.7 Where the Guidelines do not apply

There may be circumstances where the Guidelines do not apply but the Department is concerned to ensure and may have a duty in respect of the ongoing fire safety for Department staff, the *clients* at the building and others who may be affected by the activities of the Department at the building. Information on the duties of the Department and individuals relating to fire safety is provided in part 2.4 of this Guideline 7.1.

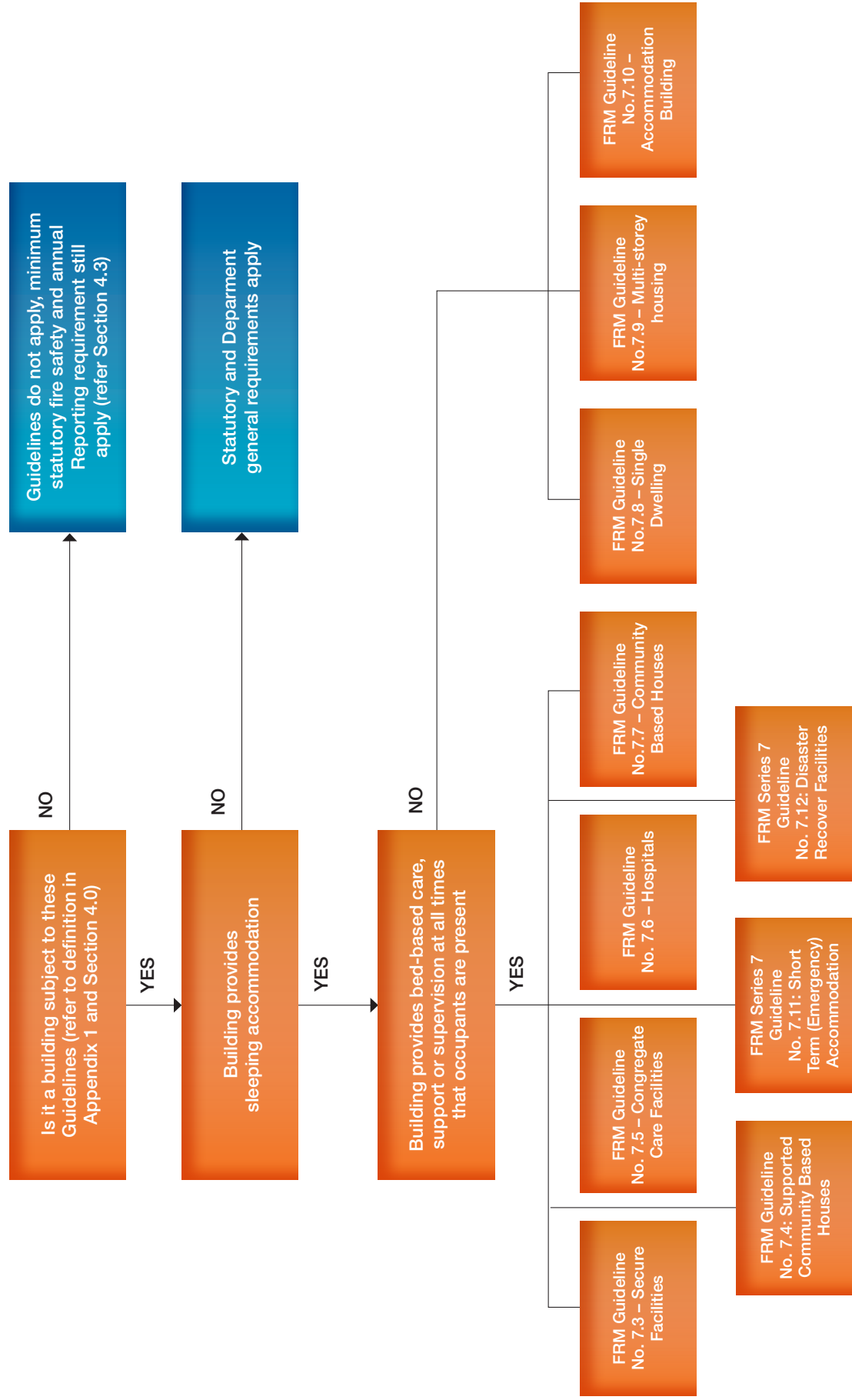
The particular measures that should be adopted for a building to which the Guidelines do not apply must be determined by reference to the nature and use of the building. For example, for some buildings an annual reporting requirement may still apply even if the Guidelines do not (for example, buildings subject to Department funding but not provided with *bed-based care, support or supervision*). Examples of these buildings include community and child care centres.

The fire safety requirements of the ‘Service Agreement Information Kit for Funded Organisations’ are available at the following website:

[www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement](http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement)

A graphical description is included in the following flowchart.

Figure 4.1: Application of the Department's FRM Series 7 Guidelines



## 5. What is required for a building subject to the Guidelines

### 5.1 General

The procedures in Guidelines 7.1 and 7.2 must be followed for buildings subject to the *Guidelines*. Additionally, the specific building and *client* outcomes in the relevant Guidelines 7.3 to 7.12 are to be applied where relevant.

Guidelines 7.3 to 7.11 detail a range of fire safety measures for each type of building or facility. These Guidelines adopt the BCA DtS provisions as the minimum base-line as well as providing for:

- (a) *Mandatory Measures* which must be implemented, regardless of BCA DtS provisions or any alternative solutions, and are included in Section 2.0 of the relevant Guideline.
- (b) ‘Other Department Specific Measures’ which must be implemented, unless otherwise assessed under a *fire risk assessment* and are included in Section 3.0 of the relevant Guideline and approval, is obtained from the FRMU prior to a *fire risk assessment* being undertaken.

The particular requirements for fire safety will depend on the circumstances, including the various matters identified and considered in the Guidelines (e.g. building use, *client* characteristics). The BCA DtS provisions are general in their nature and do not take into account the specific circumstances. Compliance only with the BCA DtS may not be sufficient to provide compliance with the health and safety duties of the Department. The Guidelines, Mandatory Measures and “Other Department Specific Measures” take into account the specific nature and use of the buildings by the Department. Consideration should be given at all times to whether additional measures need to be taken for fire safety in the particular circumstances.

**Note:** Guideline 7.12 is intended to be used in conjunction with one or more of the other Guidelines.

### 5.2 Fire Risk Management Process

The Department Guidelines *fire risk management process* includes the steps outlined below:

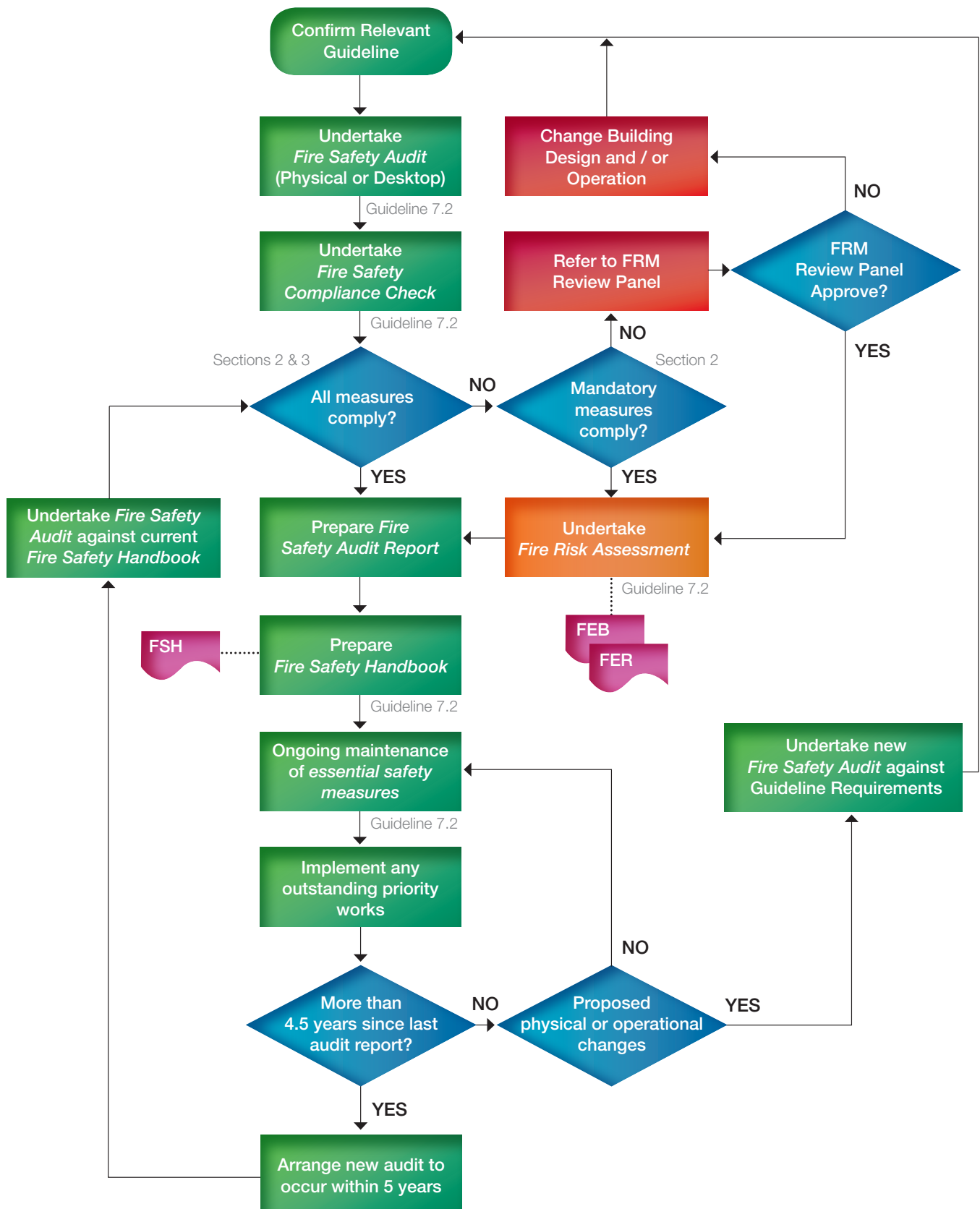
- (a) Confirm applicable Guidelines to the building being assessed.
- (b) Undertake a *fire safety audit* of the building by an *accredited auditor* in accordance with the relevant Guidelines. For buildings not yet constructed, undertake a *desktop audit* of the relevant documentation (plans and specifications).
- (c) Undertake a compliance review of the building or facility against the provisions of the relevant Guidelines to identify any aspects which do not satisfy nominated fire FRM measures.
- (d) Undertake a *fire risk assessment* where the fire safety measures cannot be implemented or implementation is not possible or desirable for operational or other reasons.
- (e) Refer any *mandatory measures* which are not proposed to be complied with to the *FRM Review Panel* for approval.
- (f) Undertake a *fire risk assessment* where the *fire safety audit* identifies any significant fire hazards.

- (g) Consolidate the fire safety requirements for the building or facility determined by the audit, compliance review and *fire risk assessment* (if applicable) in an audit report which:
  - i. details compliance of the building or facility with the requirements
  - ii. identifies the works required to achieve compliance
  - iii. prioritises any required works.
- (h) Prepare a *fire safety handbook* which details the *fire safety strategy* for the building, including any performance measures, all variations from the BCA DtS provisions and relevant fire safety measures.

A *fire safety audit* of the building is to be undertaken:

- (a) at least once every 5 years to confirm compliance, implementation and ongoing maintenance of the *fire safety strategy* for the building as documented in the *fire safety handbook* (see Figure 4.1 over page)
- (b) otherwise as required by the Fire Risk Management Review Panel
- (c) whenever a modification or addition is to be made or has been made, or within one month of an unplanned modification or addition being made, to the structure of the building that will have an effect on the egress, fire safety systems of the building or set criteria of the Fire Safety Handbook of the said building.
- (d) whenever required by the Department or Director of Housing.

Figure 5.1: Simplified Fire Risk Management Process



### 5.3 Guideline Document Templates

The Department has developed templates for all key documents such as a building permit, occupancy permit, *fire risk assessment*, audit report and annual essential safety measures maintenance report, *Fire Safety Handbook*. These documents are available from the FRMU.

### 5.4 The Fire Safety Handbook for each building or facility

The *fire safety handbook* is a unique document for each building or facility that defines the *fire safety strategy* for that building in terms of the required levels of compliance, performance, design parameters and maintenance requirements for each physical or human measure/factor.

The *fire safety handbook* should include copies of relevant information as set out below:

- (a) Reference to the most recent audit report.
- (b) Occupancy Permit and/or Certificate of Final Inspection, if applicable.
- (c) Maintenance Determination made by the relevant *building surveyor* under Regulation 1204 of the *Building Regulations*; or, maintenance schedule in relation to the building prepared by a municipal *building surveyor* or private *building surveyor*, under regulation 1206 of the *Building Regulations*.
- (d) Determinations that relate to the building that have been issued by the Building Appeals Board, or any other applicable Board or Tribunal having authority to make a determination to the *building regulations* and BCA.
- (e) *Fire risk assessment* reports that relate to the building.
- (f) Alternative solutions that have been used to determine compliance with the Performance Requirements of the BCA related to the building.
- (g) Consents made by a Reporting Authority pursuant to the *Building Regulations* or issued under previous Regulations. For example, *Building Interim Regulations 2005* or *Building Regulations 1994*, that are still applicable to the building.
- (h) Determinations issued by the *FRM Review Panel*.
- (i) Updated floor plan of all the buildings, which must include changes or modifications from time to time, whether of a permanent or temporary nature (*does not have to be to scale, but must be legible e.g. evacuation plans*).



## 6. Practitioner Accreditation

### 6.1 FRM Accreditation

The Guidelines require the use of appropriately qualified and experienced building practitioners including registered *Fire Safety Engineers*, *Building Surveyors*, *Building Inspectors* and *Auditors*. Only practitioners *accredited* with the *Department* can provide these services. Each Guideline describes the roles of these persons and the FRMU maintains a list of *accredited* practitioners that can provide services in accordance with the Guidelines.

In addition to Continuing Professional Development (refer 6.2 below) all practitioners must attend any seminar and/or briefing as required by the Department in order to maintain or obtain *accreditation*.

### 6.2 Continuing Professional Development

To maintain accreditation with the Department, all practitioners undertaking work in relation to the Guidelines are required to undertake Continuing Professional Development (CPD) by means of an approved industry scheme that has an auditing scheme in place. For example, Engineers Australia (IEAust), Fire Protection Association Australia (FPAA), Australian Institute of Building Surveyors (AIBS). For non-members of such associations, equivalent activities with records made available to the FRMU on request.

## 7. Fire Risk Management Review Panel

### 7.1 Establishment and membership of the Fire Risk Management Review Panel

- (a) Under the Guidelines, the *FRM Review Panel* is established.
- (b) Members of the *FRM Review Panel* are listed in section 7.2. Some members are automatically appointed due to their position within the Department, relevant authority or organisation. The following members are appointed by the Secretary or Deputy Secretary of the Department:
  - i. a person who is an Australian lawyer (within the meaning of the *Legal Profession Act 2004*) of at least 5 years standing
  - ii. a registered *fire safety engineer*
  - iii. a registered *building surveyor*.

### 7.2 Membership of FRM Review Panel

The *FRM review panel* consists of the following members:

- (a) Secretary – *Department* (Chairperson)
- (b) Deputy Secretary (Deputy Chairperson)
- (c) Director, Property & Assets Services or delegate (Deputy Chairperson)
- (d) Assistant Director, Property Maintenance or delegate (Deputy Chairperson)
- (e) Principal Manager, FRMU or delegate (Registrar)
- (f) Chief Officer MFB or delegate
- (g) Chief Fire Officer CFA or delegate
- (h) Chairperson, Engineers Australia – Society of Fire Safety Victorian Chapter
- (i) Person who is an Australian lawyer (within the meaning of the *Legal Profession Act 2004*) of at least 5 years standing (up to 2 members)
- (j) *Accredited* and Registered *Fire Safety Engineer* (up to 3 members)
- (k) *Accredited* and Registered *Building Surveyor* (up to 2 members).

### 7.3 Role and authority of the Fire Risk Management Review Panel

The role of the *FRM review panel* is to ensure compliance with these Guidelines and the objectives of the Department. The *FRM Review Panel* operates under the Department and has the authority to:

- (a) vary the Guidelines, in exceptional circumstances
- (b) make determinations or orders on any matter related to the operation of or compliance with the Guidelines
- (c) resolve matters of technical interpretation, disputes or inconsistencies in the application of the Guidelines
- (d) decide on matters of practitioner conduct (including *accreditation* of practitioners).
- (e) review the Guidelines.

## 7.4 Quorum of a meeting

A quorum of the *FRM Review Panel* shall consist of the *following* positions:

- (a) Chairperson or Deputy Chairperson
- (b) Registrar
- (c) Chief Officer or Delegate of MFB and/or Chief Officer or delegate of the CFA (depending on the matter/property and the mandate of the relevant Authority)
- (d) a person who is an Australian lawyer (within the meaning of the *Legal Profession Act 2004*) if the matter requires legal interpretation or a determination as decided by the Chairperson or Deputy Chairperson
- (e) *an accredited and registered fire safety engineer or accredited and registered building surveyor in the category of unlimited as defined by the Act and Regulations* as decided by the Chairperson or Deputy Chairperson

## 7.5 Process for making application to the FRM Review Panel

- (a) The application must be accompanied by all necessary documentation as indicated in the application form and information sheet. (*These documents are available from the Fire Risk Management Unit and at [www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/fire-risk-management](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/fire-risk-management).*)
- (b) An application will not be processed until all the mandatory information has been provided.

## 8. Management Responsibilities

### 8.1 General

Chief Executive Officers (CEO), Executive Directors, Directors, General Managers or Managers of services, *agencies*, networks, and/or CSOs, or Non-Government Organisations (NGOs) are responsible for ensuring the implementation of appropriate FRM measures required to satisfy statutory requirements and the application of the appropriate Guidelines. All line managers and staff have a responsibility to comply with the above requirements.

Reporting structures and processes are included in Appendices 3, 4 and 5. Minor modifications can be made to suit the management structure of the Department, provided a clear line of responsibility is defined.

In addition to ensuring that all statutory requirements and Guidelines are observed, Chief Executive Officers (CEOs), Executive Directors, Directors and General Managers must have appropriate fire safety policies and programs of work for maintaining, monitoring and if appropriate, improving FRM for their buildings or facilities.

**Note:** See Part 2.4 for details of the legal duties. The responsibilities identified in this part 8.0 are intended to clarify the roles and expectations of each person and assist compliance by the Department and individuals with the law.

### 8.2 Fire Safety Policies and Programs for Fire Precautions

Each Department or Director of Housing building or Department-operated or funded building or group of buildings must have:

- (a) A *fire safety handbook* (except for single dwellings subject to Guideline 7.8).
- (b) A program for installing and satisfactorily maintaining an adequate level of physical and fire safety management measures designed to prevent the occurrence of fire as far as practicable. This program should be established after an inspection or *fire safety audit* and if required, a *fire risk assessment*. In the event of a fire, measures must be provided for its early detection and warning and to control and stop the spread of fire. Records must be retained of all maintenance undertaken.
- (c) An Emergency Control Organisation and/or emergency procedures as applicable (except for single dwellings subject to Guideline 7.8) to address the means for raising the alarm in the event of fire, processes to move or evacuate *clients* in an emergency, resources for fire-fighting, and appropriate periodic and formally recorded staff training in all these matters.
- (d) *Client* management plans where appropriate to identify *clients* with the potential for exhibiting fire lighting behaviour and other fire related risks including the potential to inflict self harm. These management plans must be made available to all relevant staff and appropriate precautions implemented.

Fire safety strategies including fire precaution programs and evacuation plans must not remain static. These policies, programs and plans need to be reviewed regularly (within 5 years), to take account of changes in the structure of buildings, their functions, *clients* and contents, and any other matters which may have a bearing on fire safety.

The Secretary of the Department has overall responsibility for fire safety within the portfolio. To assist them, they must appoint a senior staff member who will have the nominated responsibility for fire safety matters.

However, CEOs, Executive Directors, Directors, General Managers and Managers of Networks, agencies, NGOs and CSOs all have responsibilities for fire safety. They must ensure ongoing compliance with all relevant regulations and the Guidelines for FRM. They must also ensure that, where appropriate, programs of investment in fire precautions are properly accounted for in the business plans for their areas of responsibility.

### 8.3 Nominated Fire Risk Management Responsibilities

For each building, or group of buildings, a nominated member of staff must have FRM responsibilities.

External fire safety advisers and consultants must not be appointed as *nominated fire risk management officers*.

The nominated member of staff must undertake the following duties:

- (a) Supervise the effective upkeep of the fire safety management provisions established for the premises as appropriate.
- (b) Ensure that all building and facility staff participate in regular fire safety training and *evacuation exercises* (this requirement does not apply to Director of Housing owned rental general stock).
- (c) Attend or arrange for a delegate to attend *evacuation exercises* (this requirement does not apply to Director of Housing owned rental general stock).
- (d) Maintain the *fire safety handbook* where appropriate (this requirement does not apply to Director of Housing owned single dwellings).
- (e) Receive or prepare reports of all fire incidents occurring in buildings by completing a Fire Damage to Asset Form (see Appendix 7). The nominated member of staff must inform the nominated senior staff member of any reports and their contents and arrange for appropriate action.
- (f) Provide fire incident reports, to the Department through the Areas and Divisions, with a copy to the FRMU and Director, Corporate Services of the relevant Department Divisional area.
- (g) Ensure that a yearly report is presented to the Executive/Agency Board (whichever is applicable) informing them of the current state of fire safety in all premises for which the Department/agency is responsible.
- (h) Ensure that a Certificate of Fire Safety Compliance is completed annually or alternatively as prescribed in these Guidelines.
- (i) Be a member of an Emergency Planning Committee (or equivalent) if such a committee is provided, or required for a building or facility.

The *nominated fire risk management officer* may be responsible for several small buildings or a single major building such as an acute *hospital*, but will require one or more appointed deputies to ensure that a responsible person is always available to assume the relevant duties when the nominated officer is absent.

In the event of an emergency at a major facility, a nominated person must take command until the fire brigade arrives and act as a contact for liaison purposes thereafter.

The role of a *Nominated fire risk management officer* is very important and carries significant responsibility. For this reason, the position should report directly to the CEO or manager. *Nominated fire risk management officers* must be of sufficient seniority and proficiency to enable them to carry out the range of duties effectively.

## 8.4 General Duties and Responsibilities of All Staff

All Department/Agency staff have duties and responsibilities in respect of fire safety. Line managers are responsible for ensuring that fire safety policies and particular instructions are brought to the attention of their staff and are observed by them. They must ensure that every member of staff can participate in fire safety training and *evacuation exercises*.

Effective training in fire-fighting, practice in evacuation techniques and participation in *evacuation exercises* for all personnel without exception is of vital importance.

Where necessary, personnel must have both basic knowledge in fire safety and fire training appropriate to their role and the specific needs of their place of work.

It is essential that all staff:

- (a) understand the character and hazards of fire, smoke and toxic fumes
- (b) know the fire hazards involved in their working environment
- (c) practice and promote fire prevention
- (d) know and follow the procedures in which they were trained if fire breaks out
- (e) report all fires and false alarms to line management.

Through fire safety training staff must be instructed to report to line management instances where properly agreed fire safety procedures are not being implemented or observed. For example, anything affecting the integrity of escape routes and fire compartments and the continued use of faulty equipment.

Staff must be aware that among the most important aspects of fire prevention in facilities are minimising the risks associated with smoking and smoking materials, the possibility of wilful fire lighting, and the need for a range of good housekeeping measures. For example, maintenance of clear exit paths and storage of combustible materials. Reference must be made to the FERPTF for further information.

## 8.5 Reporting of fires

The collection of data from fire incidents in Department *owned, operated or funded* buildings and other premises is an important tool to measure the effectiveness of the fire risk management policy. Lessons can be learned from routine reports.

Small outbreaks of fire that are quickly extinguished (for example, smouldering paper in waste paper baskets started by carelessly discarded cigarettes), must always be reported to line management in accordance with the Department reporting policy and a Fire Damage to Asset form must be completed and submitted to the FRMU, refer to Appendix 7.

Large fires can develop from insignificant beginnings. Accordingly the Fire Brigade recommends that it must be called to attend all fires.

Serious fires involving death, serious injury, closure and/or significant damage to parts of a building or its contents, must be reported in a timely manner. In the first instance, a Fire Damage to Asset Form (refer Appendix 7) must be sent promptly to the Department's FRMU and Director Corporate Services or other Senior Executive of the relevant Divisional Area.

Details of all outbreaks involving a fire to which the Fire Brigade is called must be reported promptly (within 48 hours) by the *nominated fire risk management officer* or CEO to the Department's FRMU. This applies to buildings or facilities *owned, operated or funded* by the Department or Director of Housing or, such buildings where the Department has an interest. An example of the minimum information required is presented in Appendix 7 and should be used to aid the reporting and analysis of fire incidents.

An assessment of the losses involved should also be included if possible. An analysis of fire reports will be returned to Chief Executives/Divisional Executive Directors at appropriate intervals. All Chief Executives/Divisional Executive Directors must establish appropriate procedures compatible with the timelines outlined above for the reporting of fires to them and to the senior staff member responsible for *fire risk management*.

The Department incident reporting policies and procedures specify reporting requirements. Appendices 7 and 8 summarise the procedures.



## 9. Maintenance and Testing

All components of the *fire safety strategy* for a building require regular maintenance and testing in order to ensure the levels of fire safety are not compromised over time.

The levels of maintenance and testing must be nominated by the RBS in an Essential Safety Measures Schedule. Where the building has been subject to a *fire risk assessment*, the *Fire Safety Engineer* shall identify and changes or additions to the essential safety measures maintenance as a result of the *fire risk assessment*.

The essential safety measures in any building *owned, operated or funded* by the Department must be maintained in accordance with Part 12 of the *building regulations*. It is the responsibility of the manager of the relevant service, network, agency, or facility to ensure compliance with the *building regulations*.

Part 12 of the *building regulations* prescribes the requirements for the maintenance of essential safety measures including requirements for preparing an annual Essential Safety Measures Report. Further details and a copy of the required annual Essential Safety Measures Report form are available from the FRMU.

For guidance on the maintenance of *human factors* through training, reference must be made to the Department in regard to the FERPTF Guideline.

## 10. Identifying and responding to change

The duties of the Department and Director of Housing under the OHSA are ongoing. This means that changes in circumstances, whether permanent or temporary including changes in the structure of the building, its use or *client and staff* profiles must be identified, the implications for ongoing fire safety must be considered and measures taken to address changes in fire risk.

The Guidelines take into account the potential for changes and provide processes for ongoing monitoring, inspection and reporting. The *fire safety strategy* must be a 'living' document that is reviewed and revises as necessary when changes are identified.

Requirements for inspection, reporting and ongoing review should be carefully noted and followed at all times.

All managers and other staff should at all times be vigilant to identify any changes and take or initiate the necessary enquiries to determine whether those changes may require review of the *fire safety strategy* or specific measures.

## Appendix 1: Definitions

The following definitions apply where used (either in lower or upper case) in these Guidelines.

### Accredited

Means a person accredited by the Department of Human Services in the appropriate category to undertake a specific task.

### Advisory Note

Means formal advice issued by the Department of Human Services in relation to application or interpretation of the Guidelines. Advisory notes are not mandatory but must be taken into account in any assessment process.

### Agency

A third party organisation provided with funding or support by the Department to provide care for *clients*. Often also referred to as a Community Service Organisation (CSO) or Non-Government Organisation (NGO).

### Auditor

Means a practitioner who is *accredited* to undertake *fire safety audits*. Accreditation may be limited to specific building or buildings and/or occupancy types.

### Bed-based care, support or supervision

Where overnight accommodation is provided for *clients* in buildings that are *owned, operated or funded* by the Department and the provision of special or personal care is provided as follows:

- (a) assistance with one or more of the following-
  - (i) bathing, showering or personal hygiene
  - (ii) toileting
  - (iii) dressing or undressing
  - (iv) eating meals; or
- (b) physical assistance for persons with mobility problems; or
- (c) assistance for persons who are mobile but require some form of supervision or assistance; or
- (d) assistance or supervision in administering medicine; or
- (e) the provision of substantial emotional support.

### Bed-based Service

A service contracted to provide overnight accommodation for *clients*.

### Boarding House

A boarding house, guest house, hostel or the like in which more than 6 unrelated persons would ordinarily reside, but full time staff are not provided.

### Building Act

Means the *Victorian Building Act 1993* as amended or any subsequent variation thereto.

### **Building Code of Australia (BCA)**

The National Construction Code Series – Building Code of Australia, as published from time to time by the Australian Building Codes Board.

### **Building Inspector**

A person, who is registered in the category of building inspector (unlimited) by the Building Practitioners Board of Victoria or other appropriate Statutory Body for registering practitioners in the state of Victoria and has the appropriate experience in fire safety to apply and interpret these Guidelines and has been *accredited*.

### **Building Legibility**

Relates to the complexity of the building layout which has an impact on the ease of way finding by the occupants or rescue personnel.

### **Building Regulations**

Means the Victorian Building Regulations 2006 as amended or any subsequent variation thereto.

### **Building Surveyor**

A person who is registered under the category of *building surveyor* (unlimited) or *building surveyor* (limited) and be registered or eligible to be registered in the category of building inspector (unlimited) by the Building Practitioners Board of Victoria or other appropriate Statutory Body for registering practitioners in the state of Victoria and has appropriate experience in fire safety to apply and interpret these Guidelines and has been *accredited*.

### **Client**

Is a natural person who is:

- (a) provided with accommodation, supervision and/or care or a young person on statutory supervision in the criminal justice system or any other person on statutory supervision in the care of the Secretary of the Department of Human Services or Secretary of Department of Health; or
- (b) provided with support for accommodation, supervision or care from another Authority, organisation or agency that has a service agreement with the Department of Human Services or Department of Health; or
- (c) a tenant or resident who is housed in rental accommodation provided by the Director of Housing or Department of Human Services.

Staff members, visitors or the public are not considered *clients*.

### **Community-based Houses**

House of a typical domestic type construction and layout with 24 hour staff accommodating no more than eight (8) *clients*, of which not more than one client requires assistance to evacuate the building during an emergency.

### Client Profile

Means one or more of the following:

- Ambulant (Type 1) – A *client* who is able to understand and respond to an alarm and able to independently evacuate without staff present in the building.
- Ambulant (Type 2) – A *client*, who is able to understand and respond to an alarm, can evacuate with staff intervention or can evacuate independently with a delay. For example, staff implement the evacuation plan including providing verbal instructions, coordination, supervision and limited physical assistance, such as hand or arm holding.
- Ambulant (Type 3) – A *client* who is not able to understand and respond to an alarm but, can evacuate with staff intervention. For example, staff implement the evacuation plan including providing verbal instructions, coordination, supervision and limited physical assistance, such as hand or arm holding.
- Ambulant (Type 4) – A *client* who is able to understand and respond to an alarm but, may not be able to evacuate independently or, will take extra time to evacuate independently. They will require verbal instructions and substantial physical assistance from staff to evacuate. For example, removal from bed and placement in a wheelchair or stretcher.
- Non-ambulant (Type 5) – A *client* who is not able to understand or respond to an alarm and not able to evacuate without physical assistance. The *client* will require verbal instructions and substantial physical assistance from staff to evacuate. For example, removal from bed and placement in a wheelchair or stretcher.
- Non-ambulant (Type 6) – A *client* who cannot be evacuated (i.e. on life support or similar).

### Competent person

Is a natural person who holds required academic qualifications relevant to the activities they are undertaking under these Guidelines and is either:

- (a) not registered as a building practitioner in Victoria; or
- (b) is registered as a building practitioner in Victoria in the relevant category but either does not have the appropriate experience, or has not yet been assessed, for *accreditation* under these Guidelines.

A *competent person* is permitted to undertake work in relation to these Guidelines under the direct supervision of an *accredited* person who takes full responsibility and liability for the assessment, report and work.

### Congregate Care Building

A 'single residential care building' as defined in the *BCA (Appendix Victoria)* with 24-hour on-site support or care staff accommodating more than eight (8) *clients* where 10% or more of residents require significant (or physical) assistance to evacuate the building during an emergency; or a building where more than eight (8) *clients* reside, and where at least one requires physical assistance with daily activities and/or to evacuate the building during an emergency and where staff who provide care, support or supervision, are present at all times that *clients* are present. If a hospital or major part of a hospital is predominantly used for the 24-hour accommodation of the aged or those with mental illness or intellectual disabilities the parts providing these services may be treated as *congregate care facilities*. The models of care and support include:

- accommodation for the aged

- nursing homes
- geriatric facilities
- accommodation for people with disabilities
- accommodation for children and youth
- training centres providing 24-hour care
- nursing homes
- large shared supported accommodation
- community residential units
- mental health facilities
- community care units
- secure extended care units
- psychiatric units.

### Day Centres

A building or part of a building that is used for educational, training, rehabilitation and similar functions, but is not used for residential purposes. Such facilities include kindergartens, clubs, halls, occupational therapy centres, clinics/day programs, Adult Training Support Services.

### Day Hospital

A building, or part thereof, used to provide same day services or treatment to four or more patients at the same time. This includes facilities that provide, on an in-patient basis, treatment for patients that would render them incapable of taking action for self-preservation under emergency conditions without assistance from others, or facilities that provide, on an in-patient basis, surgical treatment requiring general anaesthesia.

### Department

Is either the Department of Human Services (DHS) or Department of Health (DH) as appropriate that has authority to make decisions or has control, management or supervision of the subject matter or provides funding.

### Desktop (audit)

Used in reference to either a *fire safety audit* or a *fire safety compliance check*. This type of audit does not involve a physical site inspection and is therefore reliant on a careful examination of relevant documentation.

### Essential Safety Measures

Means same as definition in the Building Regulations.

### Evacuation Capability

The ability of the occupants (including *clients*, residents, visitors and staff), to evacuate a building. The evacuation capability takes account of the ability of staff and residents to assist each other during the evacuation.

### Evacuation exercises

Real-time, full scale practice evacuations done to test and record actual evacuation capability and time.

## Exercises

Training programs that are given to staff and/or *clients* to explain, promote and understand the emergency evacuation system. Examples could be walking residents through the egress system, explaining waiting areas, listening to alert and evacuation tones and practising door closing. Usually exercises are not done in real time as a 'test' evacuation, but are a training process. For example, additional exercises might be done to assist improving the drill time for a building.

## Existing Building

A building that existed prior to the adoption of these Guidelines, whether or not that building was used for the purpose being considered under these Guidelines.

## False alarm

Activation of an alarm system in a building that does not result from the effects of fire. For the purposes of this definition, a false alarm is alarm activation by water vapour (ie. steam), animal hair, lint, faulty installation, wiring, corrosion or lack of maintenance. Alarm activation resulting from burnt toast, cooking appliances or heating appliances is not a false alarm for the purposes of this definition.

## Fire Brigade Intervention

Means all fire agency activities from the time of notification up until fire extinguishment and overhaul and includes fire brigade operations.

## Fire Risk Assessment

An assessment of the potential for the realisation of an unwanted fire event, which is a function of the hazard, its probability and consequences. A Fire Risk Assessment is one or more, but normally a combination, of:

- a qualitative analysis;
- a quantitative analysis; and
- a regulatory assessment;

Depending upon the particular application. *Fire risk assessments* can be undertaken by *accredited fire safety engineers* for specific buildings, or may form part of the specific technical outcomes of a Guideline.

## Fire Risk Management (process)

The process of determining, by *fire safety audit* and *fire risk assessments*, whether an appropriate level of fire safety is achieved in a facility or building. As a minimum, an appropriate level of fire safety means the minimum statutory requirements applicable to that building or facility and implementation of the outcomes of a *fire risk assessment* based on use, building type, *client profile*, occupant profile, *staff profile* (if any), fire prevention training and ongoing maintenance.

## Fire Safety Audit

The structured auditing of fire safety measures in a facility or building against nominated audit criteria, including those relating to life safety as described in AS 4655. Definitions in AS 4655 have the same meaning when used in these Guidelines, unless otherwise noted. For a new building, change of use of a building, or where major renovation work is proposed the *fire safety audit* can consist of a *desktop fire safety audit*.

### **Fire Safety Compliance Check**

A check performed by an *accredited Building Surveyor, Building Inspector or Fire Safety Engineer* in lieu of a *fire safety audit and fire risk assessment* on buildings that comply, or are to be brought into compliance, with the relevant Department Guidelines.

### **Fire Safety Engineer**

A person, who is registered in the category or engineer of class of *fire safety engineer*, by the Building Practitioners Board Victoria or other appropriate statutory body for registering practitioners in the state of Victoria, has appropriate experience in conducting *fire safety audits and fire risk assessments* and has been *accredited*.

### **Fire Safety Handbook**

A document that defines the fire safety strategy for a facility in terms of the essential safety measures and management in use requirements, levels of performance, design parameters and maintenance requirements for each physical or human measure/factor.

### **Fire Safety Strategy**

A combination of physical essential safety measures and human measures/factors including maintenance and management in use systems which have been specified to achieve the nominated *fire risk management* objectives.

### **FRM Review Panel**

The Board established in accordance the Capital Development Guidelines -Series 7, Fire Risk Management (FRM) to hear and make determinations in relation to any matter contained in the Guidelines and into the performance of any *accredited* practitioner pursuant to the Guidelines.

### **High Rise Building**

A building which has an effective height, as defined in the Building Code of Australia, of more than 25m.

### **Hospital**

A building, or part thereof, used on a 24-hour basis for medical, obstetrical or surgical care of four or more inpatients, including acute hospitals.

### **Human Factors (Measures or Precautions)**

Occupant characteristics, management practices, emergency control organisation, training and the like that may impact on fire safety. Human measures or precautions typically relate to facilities/building management issues.

### **International Fire Engineering Guidelines**

The provisions of the *International Fire Engineering Guidelines 2005* published by the Australian Building Codes Board that apply to Australia. Definitions in the *International Fire Engineering Guidelines 2005* have the same meaning when used in these Guidelines unless otherwise noted in the Guidelines.



### Interim Fire Safety Precautions

Temporary or permanent fire safety measures to address severe and urgent fire hazards prior to the implementation of full fire safety upgrade works. Interim measures do not, as a matter of course, ensure facilities are compliant but are required to address immediate significant risks.

### Lead Tenant

A service which provides semi-independent accommodation in a household for people who are in transition to independent living using a live-in volunteer to facilitate a supportive environment.

### Low Rise Building

A building which has a rise in storeys of 3 or less, as defined in the Building Code of Australia.

### Mandatory Measures

Provisions in the Guidelines that cannot be varied by a *fire risk assessment*, unless approved in writing by the *FRM Review Panel*.

### Medium Rise Building

A building which has a rise in storeys of 4 or more, but is has an effective height of less than 25m, as defined in the Building Code of Australia.

### Nominated Fire Risk Management Officer

A senior manager normally reporting directly to a CEO who has overall responsibility for fire risk management. The nominated fire risk management officer may have responsibility for more than one building or facility and may carry out other duties in addition to those required of the nominated fire risk management officer.

### Owned, operated or funded

In relation to **owned**, means buildings or facilities that are owned by the Department of Human Services, Department of Health or Director of Housing or the Crown in the right of the State of Victoria and are under the control or management of the Department, or Director of Housing.

In relation to **operated**, means buildings or facilities that are operated, managed or controlled by the Department of Human Services Victoria, Department of Health, Director of Housing whether or not the building is owned by the Department or the Crown in right of the State of Victoria.

In relation to **funded**, means building or facilities that are directly or indirectly funded by the Department and for which the Department of Human Services, Department of Health or Director of Housing has a non-delegable duty of care to ensure adequate fire safety is provided.

### Practice Note

Means a *practice note* issued by the Department in relation to an application or interpretation of the Guidelines. Compliance with *practice notes* is mandatory and may modify or enhance existing requirements of the Guidelines.

### Primary Exit

A continuous and unobstructed way of getting from any point in the building to a road or open space leading to a street which would be likely to be the first choice for an occupant in a fire emergency.

### Private Home

A home owned by the occupant or a home formally or informally leased by the occupant.

### RBS

Means the relevant *building surveyor*, which has the same meaning as Section 3 of the *Building Act 1993*.

### Secondary Exit

An alternative means of escape, which can be used if the primary means of escape is not available. Windows that can open and the like may be used as a secondary means of escape but not as a primary means of escape.

### Secure Facility

A building or group of buildings within the confines of a complex for which egress to a street is required through a secure control centre or any other building that has a functional relationship to it. This includes a building or part of a building that provides sleeping facilities and is occupied by persons who are generally prevented from taking self-preservation action, due to security measures not under their control. A secure facility includes an educational/training building, recreational building, work shed or office within the secure perimeter of the facility. Examples include correctional institutions, detention centres, secure welfare facilities, prisons, community residential centres, training centres and substance abuse centres.

### Staff Profile

Means one or more of the following:

- Staff Profile 1 no staff present.
- Staff Profile 2 at least one staff member present during part of any 24 hour period.
- Staff Profile 3 at least one staff member present during all of each 24 hour period, but staff may be asleep at night (also referred to as 'sleepover' staff).
- Staff Profile 4 at least one staff member present during all of each 24 hour period, staff awake during all shifts (also referred to as 'stand up' staffing).

### Statutory client

Persons for whom the Department of Human Services, Department of Health or any other Department have custody, or guardianship, or protection order of, and persons having any other order pursuant to either the *Children Youth and Families Act 2005* and/or *Disability Act 2006* and/or *Mental Health Act 1986* or a person on an order of the Courts.

### Supported Community-based Houses

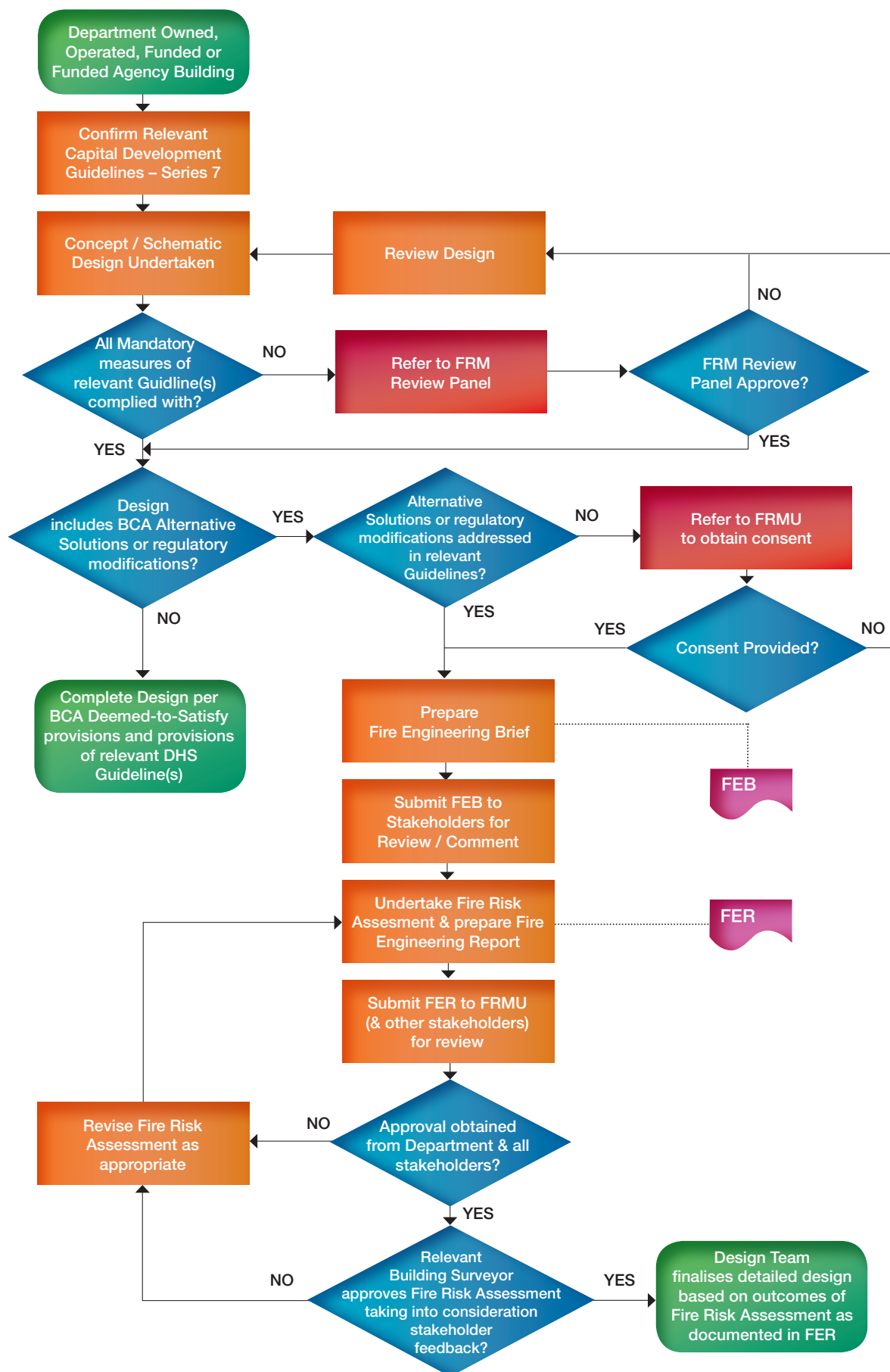
Houses of a typical domestic type construction and layout, which may be on separate sites or grouped together on one site; have 24-hour on-site support or care staff; where each house does not accommodate more than eight (8) *clients* and where more than one of the residents within that building requires significant (or physical) assistance to evacuate the building during an emergency.

### 24 Hour Support or Supervision

Staff support or supervision is provided whenever *clients* are in residence and includes active night rosters, sleepover rosters and the 24 hour worker model.

## Appendix 2: Approval Process

The following flow chart shows the relationship between various parties for the approval process in the implementation of fire risk assessments and Fire Risk Management for projects.

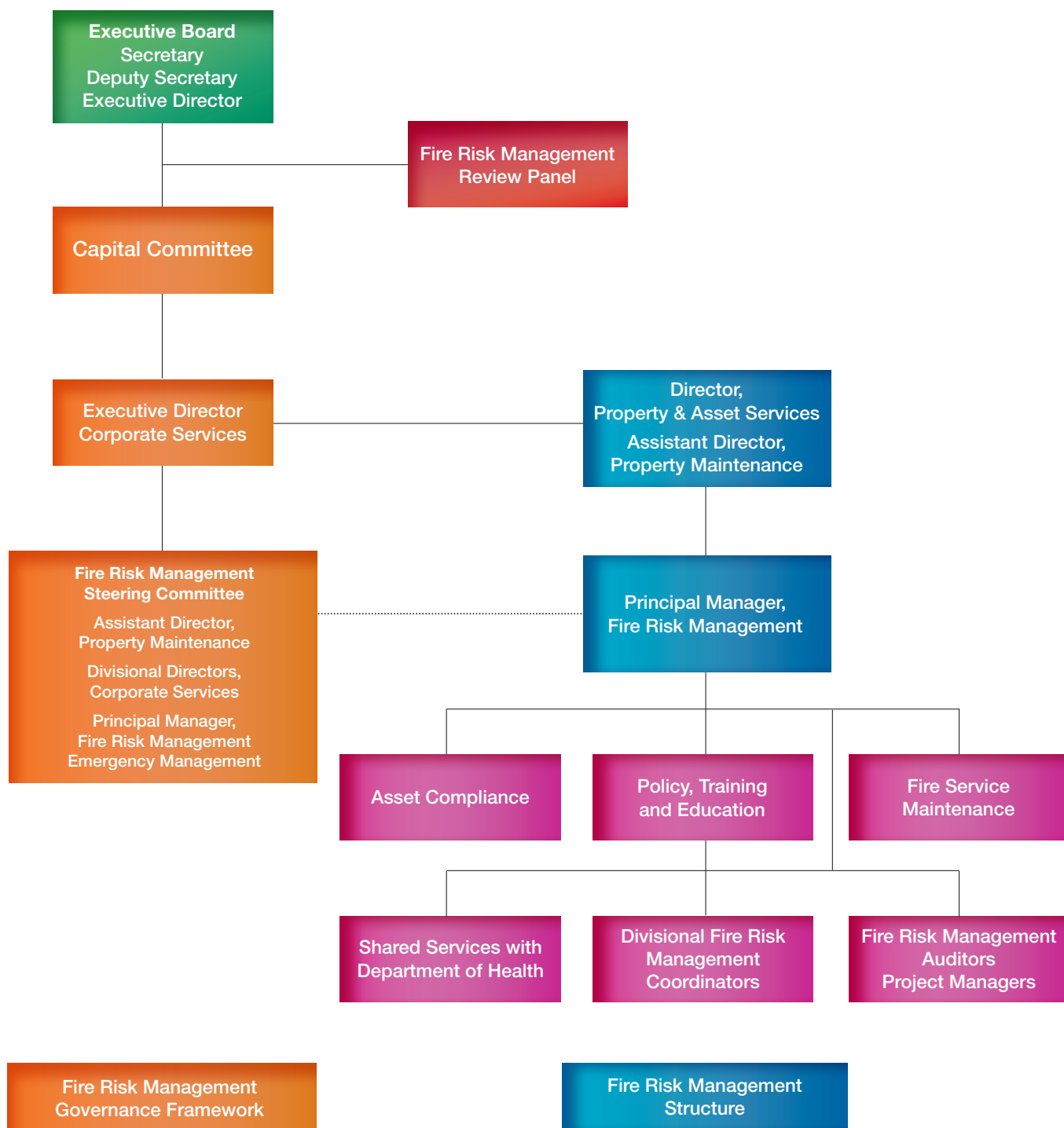


## Appendix 3: Management and Operational Responsibilities

The following chart provides a guide to the responsible party with respect to the operation and maintenance of the Department owned, operated and leased buildings.

<b>POLICY</b>	<b>DEPARTMENT</b>	Department's Executive Board (Approval) FRMU (strategic) Division/Area/Program/output group/agency (operational/resourcing)
<b>BUILDING COMPLIANCE</b>	<b>OWNER</b>	Has responsibility for the building compliance with the operator and advising on service requirements
<b>MAINTENANCE</b>	<b>OPERATOR OWNER</b>	To ensure functional systems are in place and advise the owner  To fund rectification of non-compliant or non-functional systems
<b>OPERATIONAL READINESS</b>	<b>OPERATOR</b>	Provider of the service (manager of the building, site or service)

## Appendix 4: Governance Framework

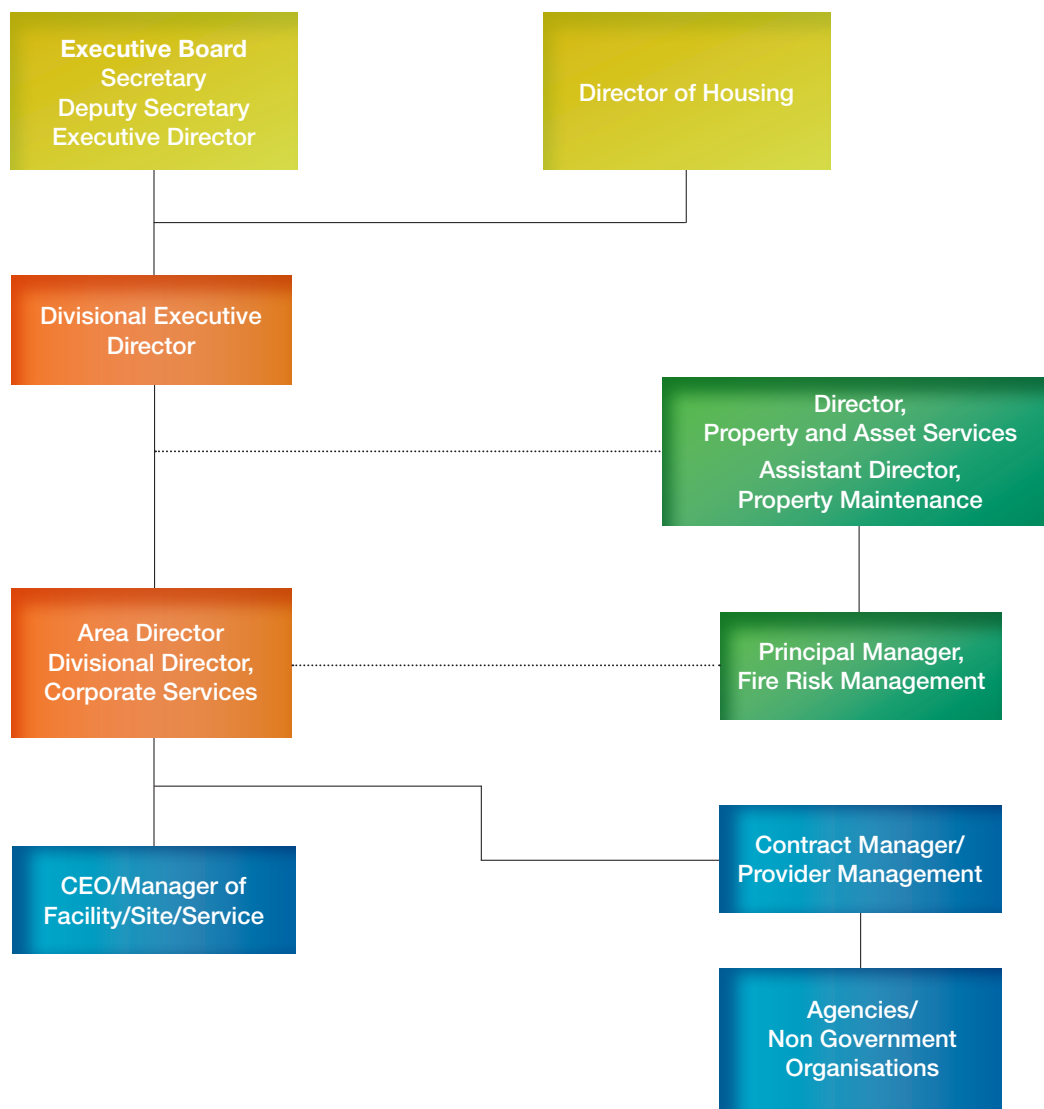


- **Executive Board:** oversight of program and divisional requirements, monitoring of performance indicators, allocation of resources to responsible officers.
- **Capital Committee:** coordination of expenditure and activities across programs, Divisions and Areas.
- **Fire Risk Management Steering Committee**
- Management of risks and outcomes, implementation of remedial strategies if performance of the FRM program falls short of departmental requirements.
- **Fire Risk Management Review Panel:** empowered to determine matters relating to the Guidelines. The aim is to achieve building safety, amenity and sustainable outcomes matched to departmental responsibilities and duty-of-care as it relates to fire safety.

**Roles and responsibilities of individuals within the program team are:**

- **Departmental Principal Manager:** overall co-ordination and liaison with the associated Divisional and Area representatives. Financial control over the program works.
- **Departmental Project Managers:** engagement and direction of consultants and contractors, and technical control over the program.
- **Fire Risk Management Coordinators:** a coordinator located in each divisional office. The divisional coordinators liaise with and coordinate consultants and contractors working in their divisions, and coordinate activities with agencies and program staff in the supported accommodation services in their divisional areas. They are part of the FRMU and reports directly to the Principal Manager of the FRMU.
- **Manager, Asset Management:** the relevant program (Disability Services, Children Youth & Families and Secure Services.) have appointed a manager to be responsible for program policy and service delivery requirements.
- **External consultants:** provide technical advice and services in disciplines including fire safety engineering, building surveying, mechanical and electrical engineering and project delivery.

## Appendix 5: Fire Risk Management: Line of reporting



### **Executive Board**

- Oversight of program and Divisional requirements, monitoring of performance indicators for all Divisional areas and, approval of resources.

### **Divisional Executive Director**

- Approval of project funding.
- Receipt of evaluation reports.
- Allocation of resources and monitoring of performance indicators.

### **Area Director and Divisional Director, Corporate Services**

- Develop specific operational policies for the client and group(s) within their area of responsibility.
- Custodian of the register of the property lists within their area of responsibility.

### **Fire Risk Management Unit Responsibility**

- Strategic policy development and implementation.
- Advisory role and represent Department on Fire Risk Management.
- Coordination with Divisions and Areas.
- Commission audit/fire risk assessment as part of Divisional programs.
- Principal contact for implementation of Fire Risk Management strategy.
- Management of the Fire Risk Management Coordinators
- Manage Fire Risk Management Steering Committee.
- Manage and coordinate audit and fire risk assessment programs.
- Formulate recommendations and priorities.
- Oversee and report on Divisional progress.
- Identify trends.
- Prioritise funding requirements.

### **Responsibility at Facility/Site/Service**

- Arrange compliance audits for sites.
- Consider recommendations.
- Recommend priorities from fire risk audits.
- Forward Damage to Asset Forms to Fire Risk Management Unit.
- Develop fire and emergency response procedures.
- Carry out training.
- Regularly review site procedures.
- Ensure fire safety systems are adequately maintained.



## Appendix 6: Yearly Reporting Procedures



## Appendix 7: Report of Fire Incident

The following form is to be used by all building owners or managers to report a fire incident, except for Director of Housing buildings, which case must be completed by the relevant Division or Area Manager/person responsible for the property.

### Fire Damage to Asset Form

#### 1. Property Detail

Address  
HiIP Pin  
Agency  
DHS Division

<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West

#### 2. General Incident Information

Date of fire  
Date of discovery  
Time of discovery  
Number of persons inside the property  
Estimated cost of damage  
Was a smoke alarm activated?  
If NO - Why didn't the smoke alarm activate?

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Not in range <input type="checkbox"/> Removed <input type="checkbox"/> Covered
<input type="checkbox"/> Reported faulty <input type="checkbox"/> Unknown

Was the fire brigade involved?  
If YES -

☐ Yes ☐ No ☐ Unknown

Date of call to Fire Brigade  
Time of Call to Fire Brigade  
Time Fire Brigade Arrived


Was the local council Municipal Building Surveyor informed?

☐ Yes ☐ No

#### 3. Location(s) of fire

Floor Level  
Flat Number (if Applicable)


☐ Bedroom  
☐ Lounge  
☐ Laundry  
☐ Stairway  
☐ Other

☐ Kitchen  
☐ Balcony  
☐ Plant Room  
☐ Corridor  
Please Specify

☐ Living Room  
☐ Roof Space  
☐ Rubbish Chute  
☐ Electrical Cabinet  
☐ Bathroom  
☐ Admin/Office Area  
☐ Rubbish Bin  
☐ Outside Building

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Comments

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#### 4. Method of extinguishment

☐ Fire Brigade  
☐ Self extinguished  
☐ Other

☐ Fire hose  
☐ Dousing with water  
Please Specify

☐ Smothering  
(fire blanket)

☐ Sprinkler

☐ Fire extinguisher

☐ Unknown

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Comments

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## Fire Damage to Asset Form

### 5. Cause of Fire

<input type="checkbox"/> Deliberate	<input type="checkbox"/> Water Heating	<input type="checkbox"/> Electric Heater	<input type="checkbox"/> Smoking / in bed
<input type="checkbox"/> Cooking appliance	<input type="checkbox"/> Matches or lighter	<input type="checkbox"/> Electric blanket	<input type="checkbox"/> Stove
<input type="checkbox"/> Electrical appliance	<input type="checkbox"/> Lighting	<input type="checkbox"/> Wire and cable (fixed)	<input type="checkbox"/> Power tool
<input type="checkbox"/> Candle	<input type="checkbox"/> Electric iron	<input type="checkbox"/> Wire and cable (leads)	<input type="checkbox"/> Electrical
<input type="checkbox"/> Unauthorised electrical wiring	<input type="checkbox"/> Suspicious		
<input type="checkbox"/> Other	Please Specify	<input type="text"/>	
<input type="checkbox"/> Selection is <b>Most Likely</b> Cause			
Comments	<input type="text"/>		

### 6. Spread of fire within room of origin

<input type="checkbox"/> Did not spread	<input type="checkbox"/> Stored material (oil/fuel)	<input type="checkbox"/> Bed/bedding	<input type="checkbox"/> Equipment
<input type="checkbox"/> Furnishings/fittings	<input type="checkbox"/> Furnishings/linings		
<input type="checkbox"/> Other	Please Specify	<input type="text"/>	
Comments	<input type="text"/>		

### 7. Spread of fire beyond room of origin

<input type="checkbox"/> Did not spread	<input type="checkbox"/> Adjacent room(s)	<input type="checkbox"/> Stairway(s)	<input type="checkbox"/> Enclosed balcony
<input type="checkbox"/> Corridors	<input type="checkbox"/> Roof void(s)	<input type="checkbox"/> Adjacent Building	<input type="checkbox"/> Other floor(s)
<input type="checkbox"/> Other	Please Specify	<input type="text"/>	
Comments	<input type="text"/>		

### 8. Extent of smoke damage

<input type="checkbox"/> No damage	<input type="checkbox"/> Adjacent room(s)	<input type="checkbox"/> Stairway(s)	<input type="checkbox"/> Enclosed balcony
<input type="checkbox"/> Corridors	<input type="checkbox"/> Roof void(s)	<input type="checkbox"/> Adjacent Building	<input type="checkbox"/> Other floor(s)
<input type="checkbox"/> Other	Please Specify	<input type="text"/>	
Comments	<input type="text"/>		

### 9. Cause and effects on people involved

Were people evacuated from the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										
Were people injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										
If <b>YES</b> , how many in each age group?	<table border="1"> <tr> <th>Under 10 yrs</th> <th>10-20 yrs</th> <th>21-40 yrs</th> <th>41-55 yrs</th> <th>Over 55</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Under 10 yrs	10-20 yrs	21-40 yrs	41-55 yrs	Over 55	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Under 10 yrs	10-20 yrs	21-40 yrs	41-55 yrs	Over 55							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Were there fatalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										
If <b>YES</b> , how many in each age group?	<table border="1"> <tr> <th>Under 10 yrs</th> <th>10-20 yrs</th> <th>21-40 yrs</th> <th>41-55 yrs</th> <th>Over 55</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Under 10 yrs	10-20 yrs	21-40 yrs	41-55 yrs	Over 55	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Under 10 yrs	10-20 yrs	21-40 yrs	41-55 yrs	Over 55							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Comments	<input type="text"/>										

## Fire Damage to Asset Form

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### 10. Additional Comments about the damage to asset

Comments

Prepared By

Position

Program/organisation

Phone

Email

Date Recorded


## Notes

[illegible]

## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

