**Professional Concern of Fire Safety Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral:** |  | | | | | | | | | | | |
| **Referrer Details** | | | | | | | | | | | | |
| **Safe & Well Code:** |  | | **Organisation:** | |  | | | | | | | |
| **Name of referrer:** |  | | | | **Job Title:** | |  | | | | | |
| **Telephone number:** |  | | | | **Email:** | |  | | | | | |
| **Service User / Occupier Details** | | | | | | | | | | | | |
| **Name:** |  | | | | | | | **D.O.B** |  | | | |
| **Address:** |  | | | | | | | | | | | |
| **Post Code:** |  | | | | | | | | | | | |
| **Contact Number(s):** |  | | | | | | | | | | | |
| **Alternative Contact Number:**  *(e.g. Family member – please state name & relationship to tenant)* | | | |  | | | | | | | | |
| **Number of people in household** | | **Adults:** | | | |  | **Children:** | | | |  | |
|  | | | | | | | | | | | | |
| **Risk Assessment** | | | | | | | | | | **Yes** | | **No** |
| Is the household under threat of Arson or fire related crime? | | | | | | | | | |  | |  |
| Does the occupant have a cognitive or physical disability that may reduce their response to a smoke alarm and/or impede them exiting the property in the event of a fire? | | | | | | | | | |  | |  |
| Are there signs of hazardous smoking practices in the property such as burn marks on soft furnishings / clothes or overflowing ashtrays? | | | | | | | | | |  | |  |
| If the occupier is cooking for themselves, are there any safety concerns e.g. forgetfulness, use of hot oil, traditional chip pan, wok etc? | | | | | | | | | |  | |  |
| Is there evidence of substance misuse (drugs and/or alcohol)? | | | | | | | | | |  | |  |
| Does the occupant have a sensory impairment? | | | | | | | | | |  | |  |
| Does the occupier use or have access to medical oxygen or other flammables stored within the home? | | | | | | | | | |  | |  |
| Does the occupier exhibit hoarding behaviours or are there any safety concerns over housekeeping and/or blocked exits? | | | | | | | | | |  | |  |
| Has the occupier had a previous fire? | | | | | | | | | |  | |  |
| Are there working smoke alarms on each level of the property? | | | | | | | | | |  | |  |
| Are any occupants over 65? | | | | | | | | | |  | |  |
| Are there identifiable unsafe electrics in the property e.g. frayed wires, overloaded sockets, scorch marks etc? | | | | | | | | | |  | |  |
| **If you have ticked ‘YES’ to any of the above, or you have further concerns relating to fire safety, please give further details on the next page.** | | | | | | | | | | | | |
| **Please tick to confirm that the Occupier has agreed to have details passed to SYFR:**  All information recorded will be maintained in accordance with the Data Protection Act 1998 | | | | | | | | | | | | |
| **If you have ticked ‘YES’ to any of the above, or you have further concerns relating to fire safety, please give details below:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

Please forward completed form to:

Email: cfsadmin@syfire.gov.uk

Fax: 0114 2532888

Post: Community Safety, South Yorkshire Fire & Rescue, 197 Eyre Street, Sheffield, S1 3FG

For contact by telephone please dial 0114 2532314.

DM# 404528