# DEPARTMENTAL FIRE INDUCTION CHECK SHEET

To be completed by all staff on the first day of employment or when transferred to a new Department / Section or Premises.

Please use block capitals

Name ………………………………………Date ……………………………………..

Job Title …………………………………………………………………………………………..

Place of Work ……………………………………………………………………………………

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Question** | **Yes** | **No** | **N/a** | **Signature** |
| 1. | I have read and understand the “Trust Fire Policy” and Fire Risk Assessment that is applicable to my department/area. |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| 2. | I have been shown the locations and know how to operate the fire alarm panel and call points.  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| 3 | I am aware of the fire procedures, fire exit routes and fire assembly points., |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| ~~4~~ | I have been shown how to complete the daily fire checks. |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| 5. | I understand the action to be taken in the event of fire alarm system activation. |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| 6. | I have been shown the location of fire extinguishers. |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
| 7. | I have been given keys to all exit doors, fire call points to release locked doors on fire escape routes and to access fire extinguishers which are kept securely locked.I understand that I have to have these keys with me at all times whilst on duty (where applicable). |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8 | I am aware of the hazards and precautions to be taken in relation to oxygen (where applicable) |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

This document is to be kept in the Fire Manual