# 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