**Part A: Critical Response Information**

Keep a copy of this section in your Fire Safety Plan box

|  |  |  |
| --- | --- | --- |
| Business name: | [Company] | |
| Building/site address: | |  |
| Date of this update: | |  |

1. **Emergency Contact Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **After Hours Contacts**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: | |  | Title: |  | | | Cell: |  | | Alternate phone: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: | |  | Title: |  | | | Cell: |  | | Alternate phone: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: | |  | Title: |  | | | Cell: |  | | Alternate phone: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: | |  | Title: |  | | | Cell: |  | | Alternate phone: | |  | |

The information contained in this document is for general use only. The user is encouraged to make necessary hazard assessments and include additions to the document. Strathcona County assumes no responsibility for errors or omissions in the content.

Personal information is being collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to manage and administer Strathcona County’s Fire Inspection Program. If you have questions about the collection, use and disclosure of your personal information, contact Administrative Assistant, Fire Prevention, Emergency Services Strathcona County at 780-449-9651.

1. **Site Plan**

|  |
| --- |
|  |

1. **Building Floor Plan**

|  |
| --- |
|  |

## Building/Business Information

**Building**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Description |  | | | | |
| Number of people on site (during business hours) | | |  | Total area of building(s) | 00 sqft |
| Lockbox? Yes  No  Location(s) | |  | | | |

**Utilities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Heating Type |  | | | | Natural Gas  Electric  Other: |  |
| Main heating fuel shut-off location | | | |  | | |
| Main electrical shut-off location | | |  | | | |
| Main water shut-off location | |  | | | | |

**Fire Alarm System**  **Monitored? Yes  No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Main panel location(s) |  | | | |
| Annunciator panel location(s) | | |  | |
| Fire alarm monitoring company name | | | |  |
| 24-hour phone number | |  | | |

**Sprinkler System** **Yes  No**

|  |  |  |  |
| --- | --- | --- | --- |
| Type: Wet  Dry  Other |  | Connected to fire alarm system? Yes  No | |
| Location of Sprinkler Control Room/Shut Off Valves | | |  |

**Other Extinguisher Systems Yes  No**

Type (pre-action, sprinkler, inergen, dry chemical) Area/location/protecting

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Roof Access Yes  No**

|  |  |
| --- | --- |
| Location(s) |  |

**Standpipe System Yes  No**

|  |  |
| --- | --- |
| Location of Shut Off/Isolation Valves |  |

**Fire Department Connection Yes  No**

|  |  |
| --- | --- |
| Locations |  |

**Fire Pump Yes  No**

|  |  |
| --- | --- |
| Description |  |
| Location(s) |  |

**Fixed Extinguishing System for Commercial Cooking Yes  No  N/A**

|  |  |  |  |
| --- | --- | --- | --- |
| Type (i.e. wet or dry chemical, CO2) |  | | |
| Location of pull station for kitchen suppression system | |  | |
| Fuel Source  Natural Gas  Electric Other (specify) | | |  |

**Emergency Power** **Yes  No**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type  Battery  Generator | | | Generator Fuel Type  Diesel  Natural Gas | |
| Generator location |  | | | |
| Fuel supply location |  | | | |
| Transfer switch location | |  | | |
| Equipment powered by generator (specify) | | | |  |

**Elevators Yes  No**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of Elevators |  | | Elevator location(s) | |  |
| Elevator maintenance company | | | |  | |
| 24-hour contact number | |  | | | |

1. **Occupants Who May Require Assistance During an Evacuation**

|  |  |  |
| --- | --- | --- |
| **Name** | **Location** | **Type of Assistance Required** |
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## Dangerous Goods

**Are there Dangerous Goods on site? Yes  No**

|  |  |
| --- | --- |
| Location of Safety Data Sheet(s) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Dangerous Good(s)** | **Quantity** | **Classification** | **Location** |
|  |  |  |  |
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**Part B: Emergency Procedures for Occupants**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Please post your  
Fire Safety Plan in a visible and accessible location.**

**You may also display the following Emergency Procedure and Fire Safety informational posters for your staff.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**EMERGENCY INFORMATION**

**YOUR FIRE WARDENS ARE:**

|  |  |
| --- | --- |
| **Warden name** | **Floor/Bldg/Area** |
|  |  |
|  |  |
|  |  |
|  |  |

**YOUR MUSTER POINTS ARE:**

**INSERT MAP OR DESCRIBE LOCATIONS:**

**CONTROL OF FIRE HAZARDS**

* Dispose of all smoking materials appropriately.
* Avoid unsafe cooking practices: deep fat frying, excess heat, unattended stoves, etc.
* Keep doors in fire separations closed at all times.
* Keep exits and the access to exits clear of any obstructions or snow/ice at all times.
* Never leave anything that may burn or cause a trip hazard in the halls, corridors and/or stairways.
* Always clean out clothes dryer lint collector before and after use.
* Do not use unsafe electrical appliances or overloaded outlets; do not use extension cords for permanent wiring.
* Do not permit combustible materials to accumulate in quantities or locations that would create a fire hazard.
* Promptly remove all combustible waste from areas where other waste is placed for disposal, if possible.
* Keep access roadways, fire routes and Fire Department Connections clear at all times.

**EMERGENCY PROCEDURES**

**OCCUPANTS SHOULD KNOW:**

* How to notify other occupants of an emergency.
* Where exits are located.
* To call 9-1-1 immediately when you need emergency assistance.
* The correct address of the building or precise geographical location of the facility.
* To notify the building owner/property management if special assistance if required in the event of an emergency.
* The fire alarm signals and the procedures established to implement safe evacuation.
* To read and follow the manufacturer’s smoke alarm and/or CO detector instructions, available from building owner/property management.
* The supervisory staff in your building.
* To report any fire hazard to supervisory staff, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**EMERGENCY PROCEDURES**

**Building Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Call 9-1-1 from a safe location.
* Be prepared to supply the civic address, building/unit number and other relevant information.

**Upon Discovery of Fire:**

* Remain calm.
* Sound the Fire Alarm.
* Leave fire area immediately, closing all doors behind you.
* Do not use the elevator.
* Follow the Fire Warden/Supervisors’ instructions.
* Proceed to your designated muster point and report to the designated Fire Warden/Supervisor.
* Wait the arrival of the fire response crew.

Ensure you are familiar with the location of all fire alarm pull stations and any posted signage for the emergency procedures.

**EMERGENCY PROCEDURES**

**When to Fight a Fire**

Do not put yourself in any danger attempting to extinguish the fire. You should fight a fire with a fire extinguisher only when:

* Everyone has left or is leaving the building.
* The Fire Department has been called.
* The fire is small and confined to the immediate area where it started.
* You can fight the fire with your back to a safe escape route.
* Your extinguisher is rated for the type of fire you are fighting and is in good working order.
* You are confident that you can operate it effectively.
* If a fire cannot be extinguished or smoke presents a danger, leave the fire area immediately.
* Close the door to confine and contain the fire.

Never re-hang extinguishers after use. Ensure they are properly recharged by a qualified technician, or replace the extinguisher.

**EMERGENCY PROCEDURES**

**Operation of Portable Fire Extinguishers**

* Ensure that 9-1-1 has been called prior to any attempt to extinguish the fire.

**Remember *PASS***

***P* - Pull the safety pin**

***A* - Aim the nozzle**

***S* - Squeeze the trigger handle**

***S* - Sweep from side to side**

**EMERGENCY PROCEDURES**

**Testing Doors for Heat, Fire or Smoke**

Before opening any door:

* Test the door for heat using the back of your hand. Look for smoke around the edges of the door.
* If the door is hot or smoke is observed, leave the door closed and unlocked.
  + Use an alternate exit to evacuate the area.
* If the door is not hot, brace yourself against the door, opening slightly.
  + If you feel a hot draft or air pressure, close the door immediately.
  + If there is no hot draft or air pressure, proceed to the nearest exit to evacuate the building.

If no exit is available, **SHELTER IN PLACE**:

* Return to a safe location and close the door, leaving it unlocked.
* Call 9-1-1 and inform them of your location.
* Seal off all openings which may admit smoke (i.e. door edges, vents, etc.).
* If smoke enters, stay low. Do not open any windows.
* Wait for the Fire Department and listen for instructions.