

Fire Prevention/Protection Training

DATE: _____

Type of Training: *ORIENTATION* _____ *ANNUAL* _____

Job Title: _____

Department Assigned: _____

I have received training on the following fire prevention/protection topics:

Topic	Date	Initials
Shown the physical layout of the facility and all facility exits.		
Received instruction on the type of fire extinguishers in the facility and their locations.		
Shown the location of each fire alarm "pull station" within the facility and explained how the fire alarm system works, including sprinkler systems.		
Instructed on R.A.C.E. procedures		
Instructed on P.A.S.S. procedures and either witnessed a demonstration (video/live) or discharged an actual extinguisher.		
Walked both the primary and alternate evacuation routes for the facility.		
Exited the building and went to both the primary and secondary evacuation areas.		
Shown the location of all utility shut offs and how to operate them.		
Instructed on the order of evacuation (ambulatory, wheelchair, bedfast) and how to evacuate patients based on levels of need.		
Explained the concept of the "Incident Commander" and their role in fire emergencies and other disaster events.		
Other:		

EMPLOYEE:

INSTRUCTOR:

Printed Name: _____

Printed Name: _____

Signature: _____

Signature: _____

SUPERVISOR:

Printed Name: _____

Signature: _____

Retain a copy for the personnel file and one for the training record