

**CLINTON COUNTY HEALTH DEPARTMENT
CHECKLIST FOR EMPLOYEE FIRE SAFETY TRAINING PLAN**

FACILITY _____ PERMIT # 09- _____
 911 ADDRESS _____ MAILING ADDRESS _____
 ON-SITE RESPONSIBLE PERSON _____ TELEPHONE # _____

All submissions require the date of plan completions; Table of Contents, and the whole plan, not just parts. All corrections or additions must be part of a whole plan submission - not an insert.

	Operator must indicate Page # of Topic	APPROVED	MISSING	REMARK #	HEALTH DEPARTMENT REMARKS See attached topic requirement explanations and copy of the plan with margin notations.
A. INTRODUCTION /BACKGROUND/SETTING					
PREVENTION & CONTAINMENT					
B. Storage of Combustibles*					
C. Smoking Policy & Ashtray Handling					
D. Maintenance of Heating & Electrical Systems*					
E. Identify heat producing appliances					
F. Equipment Room Fire Confinement*					
G. Inspection Policy of New Construction or Wiring					
EMERGENCY EQUIPMENT					
H. Single Station Alarms*					
I. Centralized Alarm System Operations*					
J. Exit and Emergency Lighting*					
K. Sprinkler System*					
L. Extinguishers Type & Location*					
M. Logs of Maintenance and Testing					
EMERGENCY PREPARATION AND ACTIONS					
N. Contact with Local Fire Department					
O. Settings Requiring 911					
P. 911 Notification Procedures					
Q. Emergency Telephone 24 Hour Accessibility*					
R. Employee Training					
S. Drills & Post Incident Follow-up					
T. Exit Routes and Guest Instructions*					
U. ADA Compliance / Handicap Assistant*					
V. Facility Drawing Showing Above Locations With an Astirik*					

Any changes to a topic with a * requires a full updated plan submission.

_____ Signature _____ Date _____
 Print Name/Title of Fire Safety Planning Administrator

CLINTON COUNTY HEALTH DEPARTMENT REVIEW SECTION

Plan Acceptable -Although acceptable, the plan must be modified and submitted to CCHD by ____/____/____ as follows: _____

Next routine update to be in 3 years ____/____/____.

Plan Unacceptable -Reason: _____

The plan must be modified and submitted to CCHD by ____/____/____ or enforcement action may be taken.

_____ DATE _____
 SIGNATURE

Employee Fire Safety Training Plan Topic Requirement Explanations

Remark number
or **M** for missing

- A. Introduction / Background/ Settings:** Describe the setting of your facility with a focus on the buildings used for patrons to gather and/or sleep. Explain the purpose of the plan. The plan is the main document to be used in training responsible personnel. All personnel involved with fire safety must know their portion of plan responsibilities. See Code Section 7-1.6 (b) to understand intentions.

- B. Storage of Combustibles:** Describe how combustibles will fulfill Code Section 7-1.9 (c) limitations. Explain employee behavior and procedures to fulfill this Code Section.

- C. Smoking Policy and Ashtray Handling:** Describe fire safety aspects of employee smoking policy and patron instructions. What are the containers and handling procedures to eliminate ashtrays and cigarettes from being a fire source?

- D. Maintenance of Heating & Electrical Systems:** Explain the type and locations of heating and electrical systems. State the maintenance and inspection procedures to be followed. Manufacturer instructions of system equipment must be the guide for the procedures.

- E. Identify Heat Producing Appliances:** State how keeping responsibilities will include the knowledge of fire risk from heat producing appliances. Explain the correction and control of appliances.

- F. Equipment Room Fire Confinement:** Identify the storage and equipment rooms to be maintained. State the specific observations and procedures your staff must perform to keep these rooms from having burnable clutter near heat producing equipment.

- G. Inspection Policy of New Construction or Wiring:** State your notification of the inspections of the Clinton County Health Department and Codes Enforcement Officer for new construction or wiring. Define new construction vs. maintenance.

- H. Single Station Alarms:** Properly functioning smoke detectors are the most Significant mechanism to protect sleeping patrons from fire. Describe the type and Locations of smoke and/or heat detector alarm systems. Be specific on the alarm locations accessibility for maintenance within the rooms.

- I. Centralized Alarm System Operations:** An always present responsible person must Have the knowledge to test and operate your system. Explain who and how these Persons will be trained. Incorporate manufacturers instructions and state their location for ready reference.

- J. Exit and Emergency Lighting:** State how emergency exits and lights will be maintained. Egress and back-up power must be addressed. State the locations of concern and procedures to ensure readiness.

- K. Sprinkler Systems:** Four (4) lines an always present responsible person must have the knowledge to react correctly if the system is activated. Explain who and how they will be trained. State sprinkler head inspection - who does what when?

- L. Extinguisher Type and Location:** Describe the type, location, and orientation to rooms and kitchenettes. Explain employee procedures and behavior used to fulfill Code Section 7-1.12 (a).

- M. Maintenance and Testing Logs:** Inspection, testing and maintenance is crucial to having functional emergency equipment if an incident occurs. Logging of these activities is required. Explain who will have the log and where the log is kept. Attach a blank log page. The minimum information is date, location, observation, action, and initials.
- N. Contact with Local Fire Department:** This pre-emergency contact is to communicate the specific concerns and risks of your layout and risks. The Fire Department must know your site specific hazards (MSDS sheets); coordination with staff; access, egress, etc.
- O. Settings Requiring 911:** Training employees requires a clear definition to understand the settings and incidents requiring emergency professional assistance. Prevention and emergency equipment will allow prudent action by employees and patrons to abate a small low risk fire from becoming larger. Other settings require no hesitation in calling 911. How will you teach your employees the difference?
- P. 911 Notification Procedures:** Notification procedures must be known by all employees. These procedures are to be established with requirement fulfillment determined in your contact with the Fire Department.
- Q. Emergency Telephone Accessibility:** Explain how a free telephone is easily accessible by all patrons 24 hours a day.
- R. Employee Training:** Explain how you will use the plan to make all responsible persons aware of the fire safety requirements. Who will be trained what? By who? Documented how? Any testing or hands on training? When will new employees be trained?
- S. Drills and Post Incident Follow-up:** The benefit of base training of all employees is obvious. Completeness of training requires practice and review of potential and actual incidents. Explain your method of awareness through practice and review. How often? By who? Documented how? Any testing? Explain your hand on training.
- T. Exit Routes and Guest Instructions:** Attach a copy of a typical exit route and actions a patron must take in case of an emergency. State where in each room they will be posted. Guests need to know where to gather and be accounted for. This place must be safe and out of access of emergency vehicles. State how you will account for all your patrons.
- U. ADA Compliance / Handicap Assistant:** State who will do what before and during an emergency to assist handicapped persons. Indicate specific rooms with special features to accommodate.
- V. Facility Layout Showing Topic Locations:** The asterik * indicates topics which need their specific location shown on a layout drawing which orientates a reviewer to the statement made in the plan and gives trainees a perspective on their responsibilities.