



## CITY OF SURREY (FIRE SERVICES) FIRE SAFETY PLAN / TRAINING CHECK LIST



BUILDING NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 FSP PRODUCED BY: \_\_\_\_\_  
 CO NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

**It is the responsibility of the owner, agent or manager of the premises herein named to ensure the safety of the occupants, as laid down in Division C Part 2 Sentence 2.2.1.1.(1) of the 2018 British Columbia Fire Code. Furthermore Division B Part 2 Sentence 2.8.2.1.(1) states *Supervisory Staff* shall be trained in fire emergency procedures described in the fire safety plan before they are given any responsibility for the fire safety.**

**Fire Safety Director and/or Deputy Fire safety Director:**

Evacuation procedures explained		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Location of Fire Extinguishers		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Fire extinguisher inspection procedures		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Location of Fire Alarm Panel		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
How to reset Fire Alarm Panel		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Emergency Lighting testing procedures		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Emergency Generator operation	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Location of hazardous materials	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Procedures for Kitchen System	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Sprinkler System location	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Sprinkler inspection procedures	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Standpipe Location	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Fire Pump inspection procedures	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<b>Maintenance Staff:</b>	<input type="checkbox"/>	N/A				
Equipment shut down procedures	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<b>Kitchen Staff:</b>	<input type="checkbox"/>	N/A				
Equipment shut down procedures			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Cleaning requirements (Hoods Etc.)			<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

**The above information has been explained and is understood:**

**Signed:** \_\_\_\_\_ **Dated:** \_\_\_\_\_