**FIRE INCIDENT RESPONSE**

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| **Building:** Click here to enter text. | **Floor:** Click here to enter text. | **Department:** Click here to enter text. |
| **Date:** Click here to enter a date. | **Time:** Click here to enter text. | **Shift:** Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Codes and Procedures:** | **Yes** | **No** | **N/A** |
| Does staff know the meaning of “CODE RED”? |  |  |  |
| Does staff know the emergency phone number? |  |  |  |
| Does staff know the location of the nearest fire alarm pull station? |  |  |  |
| Does staff know how to activate the fire alarm pull station? |  |  |  |

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| --- | --- | --- | --- |
| **Response to Fire Alarm:** | **Yes** | **No** | **N/A** |
| Were person(s) in immediate danger evacuated? |  |  |  |
| Were patients accounted for/life support identified? |  |  |  |
| Were corridors & egress routes clear? |  |  |  |
| Were visitors cleared from corridors & directed to safe location? |  |  |  |
| Were patients requiring assistance for evacuation identified? |  |  |  |
| Did staff close all the doors in the area? |  |  |  |
| Did all automatic fire/smoke doors close on the floor? |  |  |  |
| Does staff know emergency oxygen shut off procedures for the unit? |  |  |  |
| Does staff know the locations of fire extinguishers on unit? |  |  |  |

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| --- | --- | --- | --- |
| **Evacuation:** | **Yes** | **No** | **N/A** |
| Is staff familiar with building evacuation procedures? |  |  |  |
| Is staff aware of total number of patients on the units? |  |  |  |
| Does staff know the location of emergency transportation equipment? |  |  |  |
| Does staff know rally point in the event of a total evacuation? |  |  |  |

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| **Alarm:** | **Yes** | **No** | **N/A** |
| Was alarm visible? |  |  |  |
| Was alarm audible? |  |  |  |
| Was alarm understandable? |  |  |  |
| Was alarm location identified? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **All Clear:** | **Yes** | **No** | **N/A** |
| Was “All Clear” Called? |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who responded to alarm?** | | | | | |
|  | Clinical/Nursing Staff |  | Physicians |  | Support Staff |
|  | Volunteers |  | Environmental Services |  | Administrative Staff |
|  | Security |  | Students |  | Maintenance |
|  | Other: | | | | |

**Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Report Prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send to: Safety Office, Room No:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_