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| Inductions will be completed with each new member of staff and each new child on their first day at the children’s home. Refresher inductions will take place annually unless a serious incident takes place when the induction will be repeated earlier.  |
| Date of induction/refresher |  |
| Name of Fire Officer |  |
| Name of new staff member /child (please delete as necessary) |  |
| Name of Children’s Home  |  |
| Location of fire-fighting equipment | Fire alarm audio | How to Call 999 | Fire Plan (staff only) |
| I am aware of where the firefighting equipment is located. |  | I am aware of the alarm and what it sounds like |  | I know how to contact the Fire Service using a mobile and landline |  | I understand what to do in the event of a fire including any tasks I am responsible for |  |
| Evacuation procedures | Foreseeable Crisis Plan | Smoking  | Evacuation points  |
| I understand what to do in an evacuation |  | I am aware of this document and have read and understood what to do in a crisis situation  |  | I am aware of the expectation around smoking and my responsibility to reduce the risks of fire |  | I know where all the evacuation points are in the home  |  |
| Awareness of Fire Officer (staff only) | Daily Checks (staff only) | Fire System (staff only) | Emergency Fire Box: (Staff only) |
| I am aware of who the Fire Officer is on each shift and what their responsibilities are  |  | I understand the importance of sharing all information (including handovers and shift planning) with the Fire Officer  |  | I know how to operate the fire system and am familiar with zone labelling and which area of the home they represent  |  | I am aware of the location of the Emergency Fire Box and understand that this must be collected in the event of a fire |  |

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| Date evacuation completed  |  |
| Signature of staff/child |  | Date  |  |
| Signature of Fire Officer  |  | Date  |  |