

<<Company Name>>  
Employee Fire Safety Questionnaire

|                 |  |
|-----------------|--|
| Employee Name:  |  |
| Employee ID No: |  |

This checklist should be completed as part of the employee induction process. The Relevant box is ticked on the Induction Feedback form. Please ensure that the questionnaire has been completed and signed.

| Fire Safety Measures   | Comments |
|--|----------|
| Have you had a conducted tour of your department or work area?       |          |
| Has the fire warning system been explained?                          |          |
| Have you been shown the escape routes and fire exits?                |          |
| Do you know the assembly point in the event of a fire or fire drill? |          |
| Do you know what action to take on discovering a fire?               |          |
| Do you know the location of the nearest fire fighting equipment?     |          |
| Have you read the Company's Fire Safety Policy and Procedures?       |          |
| Have you read the Company's No Smoking Policy?                       |          |
| Do you know the storage areas for flammable materials?               |          |
|  |          |
|  |          |

*Add precautions to the list for specific jobs or work areas.*

| Fire Safety Precautions – Staff Awareness | Comments |
|---|----------|
| Keep work areas tidy                      |          |
| Keep workplace free of combustible waste  |          |

# S A M P L E

# S A M P L E

|  |  |
|--|--|
| Keep fire doors closed   |  |
| Responsibility to accompany visitors and disabled                            |  |
| Keep corridors & exits clear of obstruction                                  |  |
| Close doors and windows in event of fire                                     |  |
| <<e.g. Lifts should not be used>>  |  |
| <<e.g. Turn off electrical equipment and machinery>>                         |  |
| <<e.g. Only take from storage sufficient material for the day's production>> |  |
|  |  |
|  |  |

|                |  |
|----------------|--|
| Employee Name: |  |
| Signature:     |  |
| Date:          |  |

When you have completed this Employee Fire Safety Questionnaire, please send it to <<HR Administration/Department Manager>>.

|                    |  |
|--------------------|--|
| <<Manager's Name>> |  |
| Signature:         |  |
| Date:              |  |

send it to <<HR