DEPARTMENT FIRE PLAN

Instructions: Locate the fire alarm/ response and oxygen shut-off equipment in your department. Complete the sections below. Identify special patient and/or employee needs and include plans for addressing these needs on page two of this form. Examples: In areas where strobe lights are not present, indicate what measures will be taken to alert the hearing-impaired patients and staff of the fire situation. Or, in areas where patients may be under the influence of anesthesia, indicate the measures that will be taken to address their needs during a fire situation. Note if you have individuals with special needs who will need to be assisted to implement R.A.C.E. when needed.

Safety Management
Department Name

1036
Department Number

Michael Fiore
Manager

6-7816
Extension

Emergency number: 5-5555

Fire alarm pull locations:

1. Adjacent to stairwell doors next to room 7422 (across from washroom)
2. Next to room 7220

Chime/Tone charts are located next to the fire alarm pull station. Chime Code for our department:

1. 4 - 2 - 2
2. _____

Evacuation routes

1. Primary: Stairwell next to room 7422 (across from washroom)
2. Secondary: Stairwell in clean lab 7-350

Oxygen Shut-Off Valves

	Location	Rooms Affected
1.	N/A	_____
2.	_____	_____

Fire Extinguishers

	Type	Location
1.	ABC	_____
2.	_____	_____

DEPARTMENT FIRE PLAN (continued)

Special Instructions:

No special Instructions