



## DNVFRS - APPOINTED FIRE SAFETY DIRECTOR FORM

**BUILDING NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FIRE SAFETY DIRECTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**FIRE SAFETY PLAN PRODUCED BY:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**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 SUPERVISOR 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 SUPERVISORY STAFF SHALL BE TRAINED IN THE FOLLOWING:**

EVACUATION PROCEDURES EXPLAINED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
ELEVATOR PROCEDURES EXPLAINED	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
VOICE COMMUNICATION 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 A 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
LOCATION OF HAZARDOUS MATERIALS	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES
PROCEDURES FOR KITCHEN SYSTEM	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES
SPRINKLER SYSTEM LOCATION	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES
SPRINKLER INSPECTION PROCEDURES	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES
STANDPIPE LOCATION	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES
FIRE PUMP INSPECTION PROCEDURES	<input type="checkbox"/>	N/A	<input type="checkbox"/>	YES
MAINTENANCE STAFF: EQUIPMENT SHUT DOWN PROCEDURES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
KITCHEN STAFF: EQUIPMENT SHUT DOWN PROCEDURES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CLEANING REQUIREMENTS (HOODS, ETC.)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

**I HEREBY CONFIRM THAT THE ABOVE INFORMATION HAS BEEN EXPLAINED AND IS UNDERSTOOD:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_