

**FIRE SAFETY PRECAUTIONS  
STAFF INDUCTION TRAINING RECORD**

**ACTION TAKEN:-**

Conducted Tour of premises	YES/NO
Fire Alarm System explained	YES/NO
Fire Assembly Point shown	YES/NO
Action to be taken on Discovering Fire explained	YES/NO
Location of Fire Fighting equipment shown	YES/NO
Smoking Rules explained	YES/NO
Necessity of keeping all Fire Exit routes clear	YES/NO
Necessity of keeping Fire Doors closed explained	YES/NO
Special fire hazards identified	YES/NO

I have received instruction in all of the above Fire/Safety precautions.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have ensured that all items listed above have been explained to

Title (Mr/Mrs etc.) \_\_\_\_\_ (Employee)

Manager/Matron

Signature \_\_\_\_\_ Date \_\_\_\_\_