

POST ON SITE		
Date of Submission	YYYY/MM/DD	Permit #
General Contractor		
Site Address		
General Contractor Email Address		
Emergency Contact 24/7		
Person Responsible for Fire Safety Plan		

Upon Discovery of a Fire	
<input type="checkbox"/> Muster Point Location	
<input type="checkbox"/> Leave fire area immediately	<input type="checkbox"/> Use nearest exit, do not use man lifts or elevators
<input type="checkbox"/> Close all doors behind you, turn off equipment if safe to do so	<input type="checkbox"/> Try to extinguish a very small fire only
<input type="checkbox"/> Notify occupants verbally or sound horn or activate Fire alarm system	<input type="checkbox"/> Go to Muster Point, stay there until instruction to do otherwise
<input type="checkbox"/> Call 9-1-1 (from a safe location)	<input type="checkbox"/> A Supervisor must await the arrival of the Fire Department at the main access point

Upon Hearing of a Fire Condition	
<input type="checkbox"/> Turn off equipment	<input type="checkbox"/> Go to Muster Point, be accounted for
<input type="checkbox"/> Use nearest exit	<input type="checkbox"/> Do not leave the Muster Point until instructed to do so
<input type="checkbox"/> Close doors behind you where practical	<input type="checkbox"/> Designates must account for all people expected to be on site

General Requirements	
<input type="checkbox"/> Smoking in designated area only	<input type="checkbox"/> Means to notify Fire Department available at all times
<input type="checkbox"/> Each site shall have a Muster Point	<input type="checkbox"/> Hot Works Safety Plan in place and applied at all times
<input type="checkbox"/> Fire extinguisher(s) available on site at all times	<input type="checkbox"/> Liquid Propane Gas (LPG) tanks and/or flammable liquid containers not allowed in buildings
<input type="checkbox"/> Combustible refuse stored in garbage containers	<input type="checkbox"/> Site security- shall be in place at all times
<input type="checkbox"/> Garbage containers minimum 3 meters from Building & Exits	<input type="checkbox"/> Hazardous Materials on site? Locations?
<input type="checkbox"/> Site Address clearly visible at all times	

Emergency Numbers	
<input type="checkbox"/> Fire, Rescue, Dangerous Goods, Ambulance, Police	☎ 911
<input type="checkbox"/> Power	☎
<input type="checkbox"/> Water	☎
<input type="checkbox"/> Gas	☎

Contractor	
Contractor/Supervisor (Print Name):	Title:
<i>I accept the requirements of the Fire Safety Plan as submitted:</i>	
Contractor/Supervisor Signature: _____	

Authority Having Jurisdiction	
<i>Fire Safety Codes Officer</i>	
Name:	Signature: