

POST ON SITE		
Date of Submission	YYYY/MM/DD	Permit #
Describe type of construction/demolition		
Site Address		
General Contractor Name		
General Contractor Email Address		
Emergency Contact 24/7		
Person Responsible for Fire Safety Plan		
Muster Point (describe location)		

Upon Discovery of a Fire	
1 - Leave fire area immediately	5 – Close all doors behind you, turn off equipment if safe to do so
2 – Notify occupants (verbally, sound horn, activate fire alarm)	6 – Go to muster point, stay there until instructed to do otherwise
3 – Try to extinguish a very small fire	7 – Call 9-1-1 (from a safe location)
4 – Use nearest exit, do not use manlifts or elevators	8 – A supervisor must await the arrival of the fire department at the main access point

Upon Hearing of a Fire Condition	
1 - Turn off equipment	4 - Go to Muster Point, be accounted for
2 - Use nearest exit	5 - Do not leave the Muster Point until instructed to do so
3 - Close doors behind you where practical	6 - 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	☎ Fortis AB 403-310-(WIRE)
<input type="checkbox"/> Water	☎ Town of Blackfalds 403-340-9593
<input type="checkbox"/> Gas	☎ ATCO 1-800-511-3447

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: