

Fire Safety Training

I have received and understand information in regard to fire safety, evacuation of my department and the building in general, what to do when the fire alarms sound; what to do when discovering a fire; the correct use of extinguishers and emergency procedures. I will at no time endanger the safety of myself, my colleagues or visitors to the building

Name	Job Title	Signature	Date

<i>Training by</i>	<i>Date</i>
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