FIRE SAFETY AND EMERGENCY PLAN

_____

AGENCY'S NAME

SITE SPECIFIC FIRE SAFETY AND EMERGENCY PLANS

LOCATION:

_____

FACILITY NAME AND ADDRESS

APPROVED BY:

_____ _____

AGENCY'S DIRECTOR OR SUPERVISOR | AUTHORITY HAVING JURISDICTION (IF APPROPRIATE)

Approved: _____ **Reviewed:** _____
Reviewed: _____ **Reviewed:** _____
Reviewed: _____ **Reviewed:** _____

Date of Disclosure	**Name of Individual and/or Organization To Whom Disclosure was made.** (Include address, if known)	**Purpose for Site Specific Plan Disclosure** Examples of Appropriate Purposes: Fire Marshal on-site review of Site Plan, Copy of Site Plan provided to Fire Marshal, Copy of E-Score letter provided to Fire Marshal	**Name of Employee Making or Approving Disclosure**

Note: Some information contained in this "Site Specific Fire Safety and Emergency Plan" is Individually Identifiable Health Information and therefore is subject to privacy policy. Log disclosures when shared to appropriate authorities outside of your agency. This protected health information is required to be part of this plan to meet DDS Regulations, Sec. 17a-227-12 Emergency Planning. CT State Fire Safety Code, PART V Occupancy Fire Safety/Residential Board and Care Occupancies, requires periodic reviews of the plan.

A. BUILDING & OCCUPANCY INFORMATION

AGENCY :_____

LOCATION NAME: _____

STREET ADDRESS:_____ PHONE: _____

BUILDING CONSTRUCTION TYPE:_____
MAY HAVE TO CONTACT AHJ FOR INFORMATION

TYPE OF OCCUPANCY :_____
MAY HAVE TO CONTACT AHJ FOR INFORMATION

EVACUATION CAPABILITY SCORE: _____DATE:_____
(IF APPLICABLE)

NORMAL NUMBER OF OCCUPANTS: _____ STAFF: 1st Shift: _____
2nd Shift:_____
3rd Shift:_____

B. AGENCY DESIGNATED EMERGENCY CONTACT PERSONNEL, CONTACTS, ETC. :
(i.e: Agency On-Call Administrators, Facility Management personnel, etc.)

IMPORTANT NOTE:
THAT THIS SITE SPECIFIC FIRE SAFETY AND EMERGENCY PLAN IS THE BASIC INFORMATION SPECIFIC TO EACH LOCATION, THE DDS FIRE SAFETY AND EMERGENCY GUIDELINES SHOULD BE CONSULTED FOR ADDITIONAL INFORMATION

C. SPECIAL INSTRUCTIONS FOR RESIDENTS

In this section, Resident Specific Information should be detailed for each resident. The information should consider the individual's capacity to evacuate and the physical environment. Consideration should also be given to individual ambulation capacity, staffing levels, sprinkler systems, smoke detectors, alarm systems, fire rated doors/walls. Also the resident's "normal method of evacuation" should be identified, as well as any special instructions including specifically identifying the individual as "exempt" from participating in fire evacuation drills, when applicable.

(Use additional sheets as necessary.)

D. SPECIAL INSTRUCTIONS BY STAFF POSITION

☐ **CHECK HERE IF NOT APPLICABLE AND GENERAL INSTRUCTIONS FOUND IN DDS FIRE SAFETY AND EMERGENCY GUIDELINES APPLY WITH NO FURTHER INSTRUCTIONS REQUIRED**

COPY THIS PAGE AS NEEDED FOR ALL POSITIONS WITH SPECIAL INSTRUCTIONS.
ASSIGN DUTIES BY POSITION NOT BY INDIVIDUAL'S NAMES.
NOTE: IF POSITIONS ARE NOT FILLED AT ANY GIVEN TIME, **OTHER** PERSONNEL WILL BE REQUIRED TO ASSUME THOSE RESPONSIBILITIES. STAFF IN CHARGE SHOULD BE FAMILIAR WITH ALL DUTIES SO THAT DUTIES CAN BE REASSIGNED - AS NEEDED.

POSITION:	SHIFT:
DUTIES IN CASE OF ALARM OR FIRE:	

POSITION:	SHIFT:
DUTIES IN CASE OF ALARM OR FIRE:	

POSITION:	SHIFT:
DUTIES IN CASE OF ALARM OR FIRE:	

E. SPECIFIC BUILDING FIRE PROTECTION FEATURES

CHECK ALL THOSE THAT ARE PRESENT AND PROVIDE APPROPRIATE INFORMATION

☐ **EXTERIOR "POINTS OF SAFETY" (MEETING PLACES)**

LOCATIONS OF EXTERIOR MEETING PLACES:
PRIMARY:_____
SECONDARY:_____

☐ **INTERIOR "POINTS OF SAFETY" FOR USE IN "STAGED EVACUATIONS"**

☐ **HORIZONTAL EXITS/DEFEND IN PLACE FOR USE IN <u>HEALTH CARE OCCUPANCIES ONLY</u>**
LOCATION OF FIRE DOORS PROVIDING SAFE AREAS IF APPLICABLE:
_____
_____
_____
_____

INTERIOR "POINTS OF SAFETY" APPROVED BY AUTHORITY HAVING JURISDICTION:

_____ _____
Name/ Title Date

FIRE ALARM SYSTEM:

☐ **SMOKE DETECTORS ONLY:**

- ☐ SMOKE DETECTION SYSTEM THAT OPERATES IN LOCATION ONLY
- ☐ SMOKE DETECTION THAT IS INTERCONNECTED (SO IF ONE SOUNDS THEY ALL SOUND)
- ☐ SMOKE DETECTION THAT IS NOT INTERCONNECTED (SOUND INDIVIDUALLY)

☐ **COMPLETE FIRE ALARM SYSTEM**

- ☐ LOCATION OF MAIN PANEL:_____
- ☐ W/ SMOKE DETECTION
- ☐ W/ MANUAL PULL STATIONS
- ☐ OPERATES TO CENTRAL MONITORING COMPANY :

Name & Phone: _____
Testing and Maintenance performed by :_____
Date: _____

☐ **<u>PORTABLE FIRE EXTINGUISHER INFORMATION</u>**

- NOTE LOCATIONS OF FIRE EXTINGUISHERS AND TYPES BELOW:

_____
_____

☐ **LOCATION OF TELEPHONES:**

REMEMBER TO CONTACT YOUR LOCAL TELEPHONE COMPANY TO BE PART OF THE ENHANCED 911 SYSTEMS!

☐ **SAFETY BOOK ("AKA RED BOOKS")**
LOCATION OF FIRE SAFETY BOOK:
_____

All locations shall maintain a Safety Book, which shall at a minimum contain the following:

1. The DDS FIRE SAFETY AND EMERGENCY GUIDELINES
2. Site specific fire safety and emergency plans .
3. Staff training outlines and information.
4. Maintenance and testing records of all fire protection equipment.
5. Current memos , directives, etc. Pertaining to fire safety from DDS or agency administration.
6. Overview of any resident training conducted.

☐ **AUTOMATIC FIRE SPRINKLER SYSTEM** ☐ **NOT APPLICABLE**
LOCATIONS OF SPRINKLER CONTROLS:
_____
_____
Testing and Maintenance performed by :_____
_____ Date:_____

☐ **STOVE HOOD FIRE SUPPRESSION SYSTEM** ☐ **NOT APPLICABLE**
LOCATION OF MANUAL PULL FOR SYSTEM:
_____
_____
Testing and Maintenance performed by :_____
_____ Date:_____

☐ **EMERGENCY LIGHTING IN BUILDING** ☐ **NOT APPLICABLE**

☐ GENERATOR
LOCATION:_____
Testing and Maintenance performed by :_____
_____ Date:_____

☐ BATTERY OPERATED LIGHTS
Testing and Maintenance performed by :_____
_____ Date:_____

☐ **OXYGEN IN USE IN BUILDING** ☐ **NOT APPLICABLE**

TYPE OF DELIVERY SYSTEM

☐ ELECTRIC FILTER SYSTEM

☐ LIQUID OXYGEN

☐ BOTTLE / COMPRESSED OXYGEN
LOCATION OF SYSTEM(S):
_____
_____
_____

Use additional pages as needed, to detail any other Fire Protection Features.

F. SPECIFIC FIRE PREVENTION GUIDELINES

1) All practices outlined in the DDS General Guidelines apply.
2) In this section, details of how this facility is to assure compliance with guidelines are listed.
3) Please add additional pages as needed to describe any additional site-specific fire safety practices in place.
4) **Some sample Specific Fire Protection Guidelines are provided in Annex 7 of the DDS Fire Safety and Emergency Guidelines.**

FIRE WATCH PROCEDURES

SMOKING POLICIES

CT FIRE SAFETY REQUIREMENT FOR INTERIOR FINISHES, FURNISHINGS, MATTRESSES, CURTAINS, ETC.

SPECIAL ACTION FOR TEMPORARY OCCUPANCY IN ANOTHER LOCATION

Use additional pages as needed, to detail any other Fire Protection Guidelines.

G. SPECIFIC FIRE EVACUATION DRILL PROCEDURES

Detail any Site Specific Fire Evacuation Drill Procedures For this Location:

- Simulated Fire Evacuation drills

  ☐ are ☐ are NOT
  allowed in this location

- ☐ Some occupants are exempt from participating in drills.
  (List in Resident Specific Portion of this plan)

- Other specific Fire Evacuations Drill Procedures:

H. SPECIFIC EXTERNAL HAZARDS

HURRICANES & EARTHQUAKES
SPECIAL INFORMATION/IDENTIFY SAFE LOCATION:

TORNADOES
SPECIAL INFORMATION/IDENTIFY SAFE LOCATION:

FLOODING
SPECIAL INFORMATION / IDENTIFY SAFE LOCATION:

LOCATION IN IDENTIFIED FLOOD ZONE? YES ☐ NO ☐

SEVERE COLD WEATHER
SPECIAL INFORMATION:

SEVERE HOT WEATHER
SPECIAL INFORMATION:

RADIOLOGICAL DISASTERS
THIS FACILITY :

☐ IS NOT ☐ IS WITHIN THE 10 MILE EMERGENCY PLANNING ZONE (RPZ) OF THE MILLSTONE NUCLEAR POWER PLANT

NOTE: ANY FACILITY WITHIN THE 10 MILE RPZ SHALL INCLUDE IT'S EMERGENCY RELOCATION PLAN AS PART OF THIS DOCUMENT

EMERGENCY RELOCATION

ALL FACILITIES SHALL INCLUDE, AS PART OF THIS DOCUMENT, THEIR EMERGENCY RELOCATION PLAN

I. SPECIFIC INTERNAL HAZARDS

HAZARDOUS MATERIALS EMERGENCIES

SPECIAL INFORMATION:

CARBON MONOXIDE EMERGENCIES

LOCATION OF METERS:
SPECIAL INSTRUCTIONS (See meter's manufacturer's directions):

BOMB THREATS

SPECIAL INFORMATION:

ELECTRICAL FAILURE

SPECIAL INFORMATION:

LOSS OF WATER

SPECIAL INFORMATION:

LOSS OF HEAT

SPECIAL INFORMATION:

TELEPHONE FAILURE

SPECIAL INFORMATION:

MISSING PERSONS

SPECIAL INFORMATION:

J. DEVELOPING COMMUNITY RELATIONSHIPS FOR SAFETY

For assistance with developing community relationships, you may visit your local City Hall, Local Fire Department, the Connecticut Fire Academy (1-877-528-3473), the State Fire Marshal's Office (1-860-685-8350), the Connecticut Dept of Emergency Management and Homeland Security (1-800-397-8876) or the Southbury Training School Fire Dept (1-203-586-2444)