

FUTURES COMMUNITY SUPPORT SERVICES, INC.

FIRE SAFETY TRAINING PROCEDURES AND STAFF AND INDIVIDUAL RESPONSIBILITIES

The following persons (include all persons who reside in the home including the individual):

have been trained in general fire safety, evacuation procedures, responsibilities during fire drill and in the event of an actual fire, designated meeting place outside of the residence, smoking safety procedures, use of the fire extinguisher, smoke detectors and how to notify the fire department if a fire is discovered.

INDIVIDUAL'S RESPONSIBILITIES

1. _____ will immediately leave the residence when the smoke detector is activated.
(Individual name)
2. _____ will go to _____ area and wait for the
(Individual name) (Designated area)

Staff/family members for further instructions while the situation is being assessed.

3. In the event of an actual fire _____ will be transported to the
(Individual Name)
the temporary located site at _____.
(Address of Location to be re-located to)

STAFF/FAMILY RESPONSIBILITIES

1. _____ will immediately ensure _____
(Provider Name) (Individual Name)
has vacated the residence and is safe and secure at the _____
(Designated Area)
2. _____ will be removed by _____
(Individual Name) (Provider Name)
to the closest telephone to call the emergency number _____
(Your Local Emergency Telephone Number)
3. _____ will determine if the residence is safe and secure
(Name of your Local Fire Department)
before allowing the individuals to return.
4. If the residence is determined unsafe _____ will transport
(Provider)
_____ to _____
(Individual Name) (Name & Address of Site where you are relocating)
5. _____ will immediately contact their
(Provider) Program Specialist _____
(Name)
6. _____ will orally notify the county mental retardation program
(Program Specialist)
of the county in which the home is located, the funding agency if applicable, and the appropriate
Regional Office of Mental Retardation, within 24 hours after an incident which required the
services of the fire department.
7. _____ Or the agency will initiate an investigation of the
(Program Specialist)
unusual incident and complete and send copies of an unusual incident report on a form specified
by the Department to the county mental retardation program of the county in which the home is
located, the funding agency, if applicable, and the appropriate Regional Office of Mental
Retardation, within 72 hours after an unusual incident occurs.

Signature Sheet

_____ Family Living Provider	_____ Date	_____ Program Specialist	_____ Date
_____ Individual's Signature	_____ Date		
_____ Family Living Provider	_____ Date	_____ Program Specialist	_____ Date
_____ Individual's Signature	_____ Date		
_____ Family Living Provider	_____ Date	_____ Program Specialist	_____ Date
_____ Individual's Signature	_____ Date		
_____ Family Living Provider	_____ Date	_____ Program Specialist	_____ Date
_____ Individual's Signature	_____ Date		