

EMERGENCY ACTION & FIRE PREVENTION PLAN

A GUIDE AND PROGRAM

*Although reasonable care has been taken in the preparation of this material, and the information obtained from outside sources is considered to be reliable, there are no warranties, either expressed or implied, as to the accuracy of such information or the applicability of such information to any particular situation.

This document is presented with the understanding that the authors are attempting to provide a guide for the development of a written Emergency Action and Fire Prevention Plan.

Any recommendations made are based upon the current OSHA, Cal/OSHA standards and requirements. WE DO NOT make any warranties, either expressed or implied, that your workplace is safe, healthful, or that it complies with all laws, regulations, codes and/or standards.

PLAN BEFORE AN EMERGENCY OCCURS -

IT SAVES LIVES AND MONEY!

1. Review the Emergency Action and Fire Prevention Regulations (see Appendix A).
2. Designate staff member(s) who are responsible for implementing the programs. Determine the following responsible positions:
 - Emergency Situation Coordinator - Person in charge of the overall program and who coordinates the emergency response efforts.
 - Team Leaders - Person(s) responsible for the orderly evacuation of employees, customers or visitors within their responsible areas, and provide the head count to the Emergency Situation Coordinator.
 - First-Aiders/CPR Person(s) - Qualified individuals on staff trained to provide First Aid and/or CPR to injured people in the event of an emergency.
3. Post the locations and phone numbers of the above individuals in prominent locations, easily accessible to all employees (i.e. by all phones).
4. Determine and post the location and phone number of the nearest health care facility (use Farmers "Notice of Workers Compensation Carrier" posting).
5. Develop an area map of your facility showing the locations of exits, routes of egress, fire extinguishers, first aid kit(s), and earthquake supplies. Post the map(s) in prominent locations.
6. Complete the information for the written program provided.
7. Conduct employee training regarding the emergency action and fire prevention plans. Include how to handle fire extinguishers when extinguishing a fire. Provide First-Aid training to some of your employees (equivalent to Red Cross curriculum).
8. Develop a plan for an on-going Emergency Action and Fire Prevention Plan which ensures that:
 - New employees are trained,
 - First aid kits and earthquake supplies are properly maintained,
 - Fire extinguishers and sprinklers are inspected and maintained by qualified individuals at least annually,
 - Program is updated when responsible personnel or facility layout changes occur,
 - Current employees are retrained when changes to the program occur.

(COMPANY NAME)

EMERGENCY ACTION PLAN

Since major disasters can be anticipated, procedures must be developed and mastered if the well-being of our personnel is to be protected and if we are ready to serve our community. The emergency action plan serves as our vehicle to accomplish it.

The following pages detail the organizational structure of our plan, and outlines the appropriate actions to be taken in the event of an emergency. Procedures follow each anticipated emergency type.

Every employee shall be completely familiar with this plan. This plan will be updated and everyone notified as responsible personnel and situations change. Each employee will receive a copy of this plan, and be trained in it. Reference copies will be located at _____
_____.

Remember, your conduct and actions during the first few minutes of any emergency may not only save your life, but the lives of your fellow workers and other members of the community as well.

MEDICAL EMERGENCIES

There are many types of medical emergencies that may occur to fellow employees and customers. Quick, efficient response on your part can make a difference in the outcome. It is important to ascertain the situation as quickly as possible so responding emergency personnel will have valuable information for appropriate action when they arrive.

The following procedure has been developed for handling medical emergencies:

1) FIND OUT THE NATURE OF THE EMERGENCY;

- is the person choking or not breathing?
- is the person cut , bleeding?
- is the person unconscious, faint?
- has the person fractured anything?
- did the person complain of any symptoms prior to the emergency (pain, dizziness, etc)?
- is the person female/male, approximate age?

2) CALL 911;

- tell the emergency operator the nature of the emergency.

3) CALL A FIRST-AIDER/CPR QUALIFIED INDIVIDUAL;

- the following is a list of qualified people and there locations with their extension.

_____ at _____, ext. _____.

_____ at _____, ext. _____.

_____ at _____, ext. _____.

_____ at _____, ext. _____.

***Note:** Notify _____ at ext. _____ of all injuries

4) NOTIFY _____ OF THE EMERGENCY;

- tell them -
 - > nature and location of the emergency,
 - > that 911 has been contacted,
 - > who is responding.

* _____ will direct arriving emergency personnel to the scene, and contact _____, the Emergency Situation Coordinator.

5) REMAIN AT THE SCENE;

- provide comfort and calm,
- direct foot traffic away from the area,
- provide valuable information to emergency personnel.

6) ONCE THE EMERGENCY HAS PASSED, FILL OUT THE "MEDICAL EMERGENCY REPORT".

- give the completed Medical Emergency Report to _____.

MEDICAL EMERGENCY REPORT

Forward this report to _____.

A) The following is to be filled out by the person who discovered the medical emergency.

Date_____ Time of Emergency_____am/pm

Person Who Reported Emergency_____

Nature of the Emergency? (fracture, heart-attack, etc.)_____

Was a First-Aider/CPR Qualified Individual Called?_____

Who Responded? (First-Aider/CPR Qualified Individual)_____

Who Required Medical Attention? (customer, employee, visitor)_____

Describe What happened (when did you notice the problem, what did you notice, who did you notify, etc.) _____

B) The following is to be filled out by the reporting individual, and/or the Emergency Situation Coordinator.

Time 911 was Notified?_____am/pm Response Time_____

Person Who Notified 911_____

Nature of the Emergency_____

Did a First-Aider/CPR Qualified Individual Respond? Yes____ No____

Was First-Aid/CPR Administered by the Qualified Individual? Yes____ No____

How was the First-Aider/Qualified Individual Notified? (phone call, messenger, alarm, etc.)_____

Who was the medical emergency for? (customer, employee, visitor)_____

_____ (Individual's Name) _____ (Phone Number)

Where was the Person Taken?_____

Person Filling Out Report_____ (Name) _____ (Phone Number)

FIRE

Fire instills panic like no other emergency. Keep calm, ... report all fires and smoke. Many people are seriously injured in a fire for two reasons; 1) they attempt to extinguish a fire without having been trained on how to do so, and 2) they run back into a burning building in an attempt to rescue someone believed to be still inside, or to retrieve a "valuable" item left behind during the evacuation. Business Interiors also feels strongly about personnel being heroes and re-entering a burning building. **DO NOT RE-ENTER A BURNING BUILDING.** Follow the instructions in the Evacuation section regarding building re-entry

We have multiple use fire extinguishers in our facility. Fire extinguishers are rated as follows; A = paper/wood, B = liquid, C = electrical. Halon fire extinguishers are specifically for computer equipment fires.

1) SOUND THE FIRE ALARM;

- this is done by activating one of the many alarm boxes located in the facility.
 - > know the location of the alarms **before** a fire occurs.
- evacuation personnel (see Evacuation section) will handle the orderly egress of employees, visitors, and customers.

2) CALL 911;

- tell the emergency operator the nature of the emergency.
- provide the following information:
 - COMPANY NAME
 - COMPANY ADDRESS
 - WHAT IS BURNING? (machine, paper, etc.)
 - WHERE (1st floor, 2nd floor, etc.)
 - TYPE OF FIRE (liquid, electrical, etc.)

3) NOTIFY _____ AT _____ OF THE FIRE;

- be ready to report the following information:
 - > What is burning? (machines, paper, etc.),
 - > Where? (1st floor, 2nd floor, Sales Department, etc.),
 - > Type of fire? (liquid, electrical, etc.).

4) IF YOU HAVE BEEN TRAINED, ATTEMPT TO EXTINGUISH the fire;

- use the appropriate fire extinguisher. To ensure employee safety, attempting to extinguish a fire should only be done during the early stages.

5) SAFELY EXIT THE BUILDING;

- once out, report to **your team leader** to give them a verbal report.

6) ONCE THE EMERGENCY HAS PASSED, FILL OUT THE FIRE REPORT.

NOTE: If the evacuation leader is not on site, follow the Evacuation section procedures to ensure the safe egress of employees, customers and visitors.

FIRE REPORT

This report must be completed within 24 hours of ALL fires.

Forward the report to _____.

A) The following is to be filled out by the person who discovered the fire:

Date _____ Person Making Report _____

Date of Fire _____ Time Fire was Discovered _____^(NAME) am/pm

Location of Fire _____

Where did the Fire Start? _____

What was on Fire? _____

Exactly What Happened (what alerted you to the fire, what did you discover, when did you notify someone, who did you notify, did you try to extinguish the fire, did you evacuate, etc.)

B) The following may be filled out by the person reporting the fire, and/or the Emergency Situation Coordinator.

Name of Person Notifying the Fire Department _____

Time Fire Department was Notified _____ am/pm Time of Response _____

Type of fire? (liquid, electrical, etc.) _____

Fire Damage: Building _____

Contents _____

Number and Kind of Fire Extinguishers Used? _____

Did Sprinkler System Operate? Yes ___ No ___

Did Alarm Sound? Yes ___ No ___

Action Taken by Fire Department _____

Fire Department Officer/Investigator _____
(Name) (Phone Number)

Person Filling Out Report _____
(Name) (Phone Number)

EARTHQUAKE

Earthquakes can be expected. They are a fact of life where we live and work. Most injuries occur as a result of falling debris.

If an earthquake strikes while you are at work:

- 1) **IF YOU ARE INDOORS**, stay there. Get under a sturdy table or desk. Pick a location that will give you air (one that does not face file cabinets or book shelves). Stay clear of windows, mirrors, computer monitors, and other heavy objects that could fall.
- 2) **ONCE THE SHAKING STOPS**, don't panic. Quietly and quickly exit the building. **Do not try to exit the building before the shaking stops.**
- 3) **ONCE OUTSIDE**, move to an open area away from power lines, trees, and buildings (see Evacuation section for assembly area).
- 4) **IF YOU ARE IN A VEHICLE**, pull to the side of the road and stop. Stay in the vehicle until the shaking stops. If power lines have fallen across the vehicle, remain inside even after the shaking stops. Don't try to cross bridges, and don't park near trees, overpasses (on them or under them), buildings, or power lines.

AFTER THE QUAKE:

- 1) **CHECK FOR INJURIES.** Notify a first-aider/CPR qualified person.
- 2) **CHECK FOR FIRES OR FIRE HAZARDS.** Turn off gas if you smell a leak; shut the electricity if there is a short.
- 3) **TURN ON THE RADIO** and listen for advisories.
- 4) **USE AVAILABLE PHONES ONLY FOR GENUINE EMERGENCIES.**
- 5) **IF THE BUILDING MUST BE EVACUATED**, _____ will post a message telling emergency personnel where everyone will be.

* The following emergency supplies are available:

_____ located _____,

_____ located _____,

_____ located _____,

_____ located _____,

A suggested supply list follows on the next page. Also, you may find this useful for your home.

EARTHQUAKE SUPPLIES CHECKLIST

Quantities of emergency supplies should be adequate for at least 48 hours. A two week supply is recommended as a minimum reserve of water, food, medicine and other consumable items.

SURVIVAL

Water - 2 quarts to 1 gallon per person per day (replace every 6 months).
First Aid Kit - ample and freshly stocked; non-prescription drugs (aspirin, anti-diarrhea, etc.).
Prescription Medication and Glasses - as required.
Fire Extinguishers - dry chemical.
Food - canned or dehydrated, non-perishable; pre-cooked and/or requiring minimum heat and water;
infant formula and food.
Can Opener - non-electric.
Blankets - heavy or thermal, one for each person.
Radio - portable, battery operated with plenty of fresh, spare batteries; list of radio stations.
Flashlight - with plenty of fresh, spare batteries and bulbs.
Watch or Clock - battery or spring wound.

SANITATION SUPPLIES

Large Plastic Trash Bags - for trash, waste, water protection, ground cloth.
Large Trash Cans
Hand Soap
Pre-moistened Towelettes
Feminine and Infant Supplies
Toilet Paper
Disinfectants - bleach or the like; add to sewage to deodorize, disinfect and keep insects away.
Newspapers - to wrap garbage and waste. Can also be used for warmth.

SAFETY

Heavy Shoes
Heavy Gloves
*Candles
*Matches - dipped in wax and kept in waterproof container.
Extra Clothing - jackets, sweaters, sweats, or the like.
Knife - sharp or razor blades.
Garden Hose - for siphoning and fire fighting.
Credit Cards and Cash
List of Physicians and Locations
List of Important Employee Information - medical conditions and precautions, etc.

COOKING

*Barbeque - charcoal and lighter or Sterno stove.
Pots - at least two.
Paper Plates and Towels
Plastic Knives, Forks, Spoons and Cups
Plastic Bags - various sizes.

TOOLS

Ax, Crow Bar, Shovel, Broom
Crescent Wrench, Pipe Wrench - for turning off gas main.
Screw Driver, Pliers, Hammer
Coil of 1/2" rope, Coil of Bailing Wire
Pen and Paper

***NOTE: DO NOT LIGHT UNTIL YOU ARE SURE ALL IGNITION (GAS) SOURCES ARE OFF!!**

BOMB THREAT

Bomb threats are a rare occurrence but can happen. The only reasonable explanations for a call reporting a bomb threat are;

- the caller has definite knowledge or believes that an explosive or incendiary device has been or will be placed, and may want to minimize personal injury or property damage.
- the caller wants to create an atmosphere of anxiety and panic which will, in turn, possibly result in a disruption of the normal activities at the facility where the device is purportedly located.

In the event of a bomb threat or suspected presence of a bomb:

1) CONTACT _____ AT _____ IMMEDIATELY;

- report on the situation,
- _____ will contact authorities,
- **DO NOT use the radio or beeper** as the electrical impulse may cause detonation.

2) IF THE THREAT IS MADE BY PHONE;

- have another person monitor the call if possible,
- keep the caller on the line as long as possible.

ASK:

- when will the bomb explode?
- where is the bomb located?
- what kind of bomb is it?
- what does the bomb look like?
- what will set it off?
- why did you place it?
- what is your name and address?

3) FILL OUT A BOMB THREAT CHECKLIST as soon as possible.

- give it to _____.

4) DO NOT DISCUSS THE CALL WITH OTHER EMPLOYEES:

- this will only create panic and inadvertently set off the device and/or result in injury from the ensuing rush to get out.

* _____ will organize a search team after notifying authorities.

The search team must be told "DO NOT TO TOUCH, HANDLE, OR MOVE ANY SUSPICIOUS ITEMS."

IF THE SITUATION DICTATES, an evacuation will be ordered and will occur only through areas previously searched. **DO NOT USE THE FIRE ALARM AS NOTIFICATION!**

THE SEARCH TEAM should notify people as they clear areas, and direct their egress through the cleared areas.

ONCE THE OBJECT IS FOUND, the area should be evacuated. Authorities will be directed to the area for action.

BOMB THREAT CHECKLIST

Date _____ Time of Call _____

Time Call Ended _____

Person Receiving Threat _____
(NAME)

Call Received at _____
(PHONE NUMBER)

1. QUESTIONS TO ASK:

- a) when will the bomb explode?
- b) where is the bomb located?
- c) what kind of bomb is it?
- d) what does the bomb look like?
- e) what will set it off?
- f) why did you place it?
- g) what is your name and address?

2. EXACT WORDING OF THREAT:

Threat Language: (circle all that apply)

Well Spoken Foul Irrational Incoherent Taped Message was Read

3. CALLER INFORMATION:

Sex of Caller _____ Adult _____ Child _____ Estimated Age _____

Caller's Voice; (circle all that apply)

| | | | | | | |
|--------|----------|-----------|---------|-----------|----------|-------|
| calm | angry | excited | slow | rapid | soft | loud |
| crying | laughter | nasal | stutter | slurred | lisp | raspy |
| deep | ragged | disguised | accent | whispered | familiar | |

If voice is familiar, who did it sound like? _____

4. BACKGROUND SOUNDS: (circle all that apply)

| | | | | | | |
|---------------|---------------|----------------|---------------|-------------|---------------|-------|
| street noises | office noises | factory noises | animal noises | dishes/pans | motor | |
| voices | music | static | clear | local | long distance | booth |

*** DO NOT DISCUSS THIS CALL WITH OTHER EMPLOYEES ***

Immediately Notify: _____ **Phone #** _____

HOSTILE PERSON

In today's society, incidents of hostile people entering the workplace are increasing. Hostile people include threatening customers, disgruntled employees, angry spouses, and violent strangers. Whatever the situation, these individuals should be treated with caution.

If you are ever faced with a hostile person (one who is threatening your safety and the safety of others, or property damage):

1) CONTACT _____ at Ext. _____.

- use the code name _____.
- act as if you are calling a person with higher authority to resolve the "dispute".

* NOTE: _____ will ask 3 or 4 yes/no only questions;
(Individual Who Responds to Code Name)

- a) is the person violent?
- b) is the person brandishing a weapon?
(if Yes, ask;
 - is it a knife?
 - is it a gun?
 - is it a blunt object?)
- c) can you leave safely?

If possible, give a brief description of the hostile person.

_____ will then notify authorities and report the above information.

_____ will assess the situation, and evacuate the area if necessary.

2) ALWAYS DO AS THE PERSON DEMANDS, nothing more and nothing less.

- if and when it is safely possible to exit the area, do so and secure the area behind you.
- if it is not possible to safely exit the area;
 - a) try to minimize your exposure by barricading yourself in a protective area, or
 - b) lend an empathetic ear and do as the person demands.

* At all times, **DO NOT provoke** a hostile individual by panic, laughter, or anger.

EVACUATION

In the event an evacuation is necessary, the following procedures have been developed to ensure safe egress of personnel (a map is posted _____, and attached):

1) THE EMERGENCY SITUATION COORDINATOR IS _____.

This person is responsible for ordering an evacuation, coordinating information regarding the emergency, collecting the head count, and reporting to arriving emergency personnel. The Situation Coordinator will also meet with the initial emergency reporting person to fill out the appropriate paperwork.

2) EXITS: (see maps)

- _____ area will exit via _____ exit.
- _____ area will exit via _____ exit.
- _____ area will exit via _____ exit.
- _____ area will exit via _____ exit.
- _____ area will exit via _____ exit.

3) MEETING PLACE:

All Personnel will meet _____
(location)

No one should leave the meeting place. If you must go, notify your team leader.

4) EVACUATION TEAM:

The evacuation team is responsible for ensuring the safe evacuation of all personnel. This includes clearing the aisles, hallways, and other areas of personnel, customers, and visitors. The team leader is also responsible for closing all doors and windows.

Each team leader is responsible for a head count and safe evacuation of their respective areas listed below:

- _____ is responsible for _____.
- _____ is responsible for _____.
- _____ is responsible for _____.
- _____ is responsible for _____.
- _____ is responsible for _____.

Once at the meeting site, each team leader will verify the head count and report it to _____, the Emergency Situation Coordinator. Any missing individual will be identified, and their last known location. **NO ONE IS ALLOWED BACK INTO THE BUILDING***.

Possible Evacuation Emergencies: (dependent on circumstances mentioned in program)

- Fire
- After an Earthquake
- Bomb Threat
- Hostile Person

5) BRINGING THE BUSINESS BACK UP:

If the emergency has disrupted normal business operations, the following people will be responsible for working as a team in returning to normal operations:

- _____ will be responsible for computer operations,
- _____ will be responsible for purchasing,
- _____ will be responsible for finances & accounting.
- _____ will be responsible for office administration,
- _____ will be responsible for sales/customer contact,
- _____ will be responsible for customer order delivery,
- _____ will be responsible for warehousing & stock.

Following each emergency, the evacuation team will meet to review the execution of the emergency procedures. Their findings will be shared with the management, along with recommendations for improvement.

* Re-entry onto the property will not be permitted until it is declared safe to do so by someone with Executive authority or by the local fire/law enforcement officials.

IMPORTANT PHONE NUMBERS

- 1. Fire Department: _____
- 2. Police Department: _____
- 3. Emergency Medical: _____

Address: _____

4. Physician: _____

Address: _____

5. Gas Co.: _____

6. Electric Co.: _____

7. Water Co.: _____

8. Emergency Situation Coordinator:

9. First Aider(s): _____

10. _____

11. _____

12. _____

Reunion Location(s) In The Event Of Evacuation:

(INSERT FACILITY MAP HERE)

(note location of exits, routes of egress, fire extinguishers, first aid kit(s), and earthquake supplies)

EMERGENCY ACTION TEAM REVIEW

The following is to be reviewed by the Emergency Action Team after each emergency. The intent is to review the efficiency of the Emergency Action Plan, and recommend improvements, where needed, to management.

Part 1:

Were First-Aiders/CPR Qualified Personnel Properly Notified?

If 'No', why not?

Did they respond in a timely manner?

What was the response time of external emergency personnel?

Did Alarms Sound as Needed?

If 'No', why not?

Did Fire Extinguishing Systems Work Adequately?

If 'No', why not?

(For Evacuations)

Were Emergency Team Leaders Notified Promptly?

Was the Evacuation Orderly?

If 'No', why not?

Was the 'Head Count' Accurate?

If 'No', why not?

What was the Response Time for Evacuation?

Did everyone go where they were supposed to?

Part 2:

Were Emergency Action Procedures followed?

Were There Any Injuries?

If 'Yes', explain:

What needs to be changed to improve the system?

Part 3:

Was Business Interrupted?

If 'Yes', how?

What was Done to Restart the Business? How long did it take?

RECEIPT OF EMERGENCY ACTION PLAN

By now, you should have received training on this program. Please read this plan, and ask questions if there is something unclear to you.

If you have ideas to improve this plan, share them with your team leader, the Emergency Situation Coordinator, your supervisor, or by filling out an employee suggestion form.

To ensure that everyone has received their copy of the Company Emergency Action Plan;

- 1) Detach this page from the plan,

- 2) Fill in the blanks,
- 3) Sign and date,
- 4) Return it to _____ in the _____ department
by _____.
(DATE)

I, _____ have received a copy of, read and understand
(PRINT NAME)

_____ Emergency Action Plan.
(COMPANY NAME)

(SIGNATURE)

(DATE)

UPDATE CHECKLIST

This program will be reviewed by _____ on an
(Management, Safety Program Administrator, Safety Committee, or Emergency Team)
annual basis. The purpose is to update the program to ensure accuracy of information*.

_____, the Emergency Situation Coordinator, is responsible for updating
the program during the year to ensure the information is kept current with effective program
changes* that occur.

The following will serve as documentation of program modification and review:

| <u>Date</u> | <u>What Was Changed</u> | <u>Signature</u> |
|--------------------|--------------------------------|-------------------------|
| _____ | _____ | _____ |

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** Example Situations That Require Updating:*

- New or Renewal CPR/First Aid certification cards,
- Evacuation maps due to modification of existing floor space or change of locations,
- Modification of exit, fire extinguisher, and/or first aid kit locations,
- Changes of responsible Emergency Action Plan personnel,
- Modification or addition of emergency situation procedures.

This list is not all inclusive and should be used as a guide only.

(COMPANY NAME)

FIRE PREVENTION PLAN

Everyday we are reminded of the importance of maintaining an effective fire prevention program by a tragic headline. A fire prevention plan is essentially aimed at protecting life and property, and minimizing losses.

Our Company fire prevention plan outlines present fire hazards and the responsibilities for reducing or handling such hazards.

Every employee shall be completely familiar with this plan. This plan will be updated and everyone notified as responsible personnel and situations change. Reference copies will be located at _____.

Most fires are caused by unsafe behavior. We all have a responsibility to protect ourselves. We can do this by learning how to prevent fires by:

Finding the fire hazards,

Having them corrected,

Making sure they stay corrected.

How we react during a fire is detailed in our *Emergency Action Plan*. We need your leadership to prevent one.

FIRE HAZARDS

Fire hazards are more common than you might initially think. The following are fire hazards at _____, with controlling methods:

1) *Smoking & Matches*

Smoking areas are designated for a reason. There is NO SMOKING allowed in the building. Always be sure lit cigarettes and matches are disposed of in the proper receptacles BEFORE entering the building. Never place them in trash cans.

2) *Electrical Hazards*

This source of ignition exists in the computer room, installation and removal of power panels, and overloaded outlets in the work area. Keep the open wires in the computer room free of obstructions. When installing or removing power panels, be sure the energy source is de-energized (locked-out, tagged-out) until the job is complete. Lastly, never overload the outlets in your area by using a multiple outlet adapter. Some equipment may require the use of a surge

suppressor, which can offer additional protection. If you notice overloaded outlets in your work area, notify _____.

3) *Accumulation of Waste*

Trash should never be "stockpiled", especially in front of outlets, open wiring, in front of equipment and heating vents, and hot elements. Place refuse where it belongs ... in trash cans. Empty trash cans into a designated bigger container if they become full, or obtain a second trash can for as long as its needed. This will avoid the building of your own fuel "stockpile". Oily cloths should be placed in metal containers with self closing lids.

4) *Flammable Liquids*

Flammable liquids such as cleaning fluids, machine oils and paint thinners should be stored in enclosed, metal containers. Never store them on open shelves, next to open wiring or equipment vents, and in warm areas such as the electrical service or computer room. The vapors flammable liquids can emit can ignite. Hair spray is also flammable and should never be used in the vicinity of open wires or hot elements.

5) *Storage*

Like the accumulation of waste, storage items such as paper and equipment should be stored properly. This means storing items so they don't obstruct access to fire extinguishers and alarms, and low enough so they don't inhibit the proper functioning of the sprinkler system (keep at least eighteen inches of clearance). Never store items near or against open computer wires, equipment and heater vents, outlets, circuit panels, and hot elements.

FIRE SUPPRESSION EQUIPMENT AND MAINTENANCE

_____ uses fire extinguishers and a building sprinkler system to suppress and control fires. _____ is responsible for ensuring the annual maintenance of fire suppression equipment or fire prevention/ignition control systems, and checking these systems monthly. Records documenting maintenance and monthly checks are retained.

Fire Extinguishers

Fire extinguishers are multiple use and rated as follows:

- A = paper/wood,
- B = liquid,
- C = electrical.

All fire extinguishers in our facility are rated ABC.

Fire extinguishers are inspected, serviced, and maintained annually to ensure proper operation if ever they are needed. This is conducted by:

(Inspection Service or Responsible Person's Name)

Sprinkler System

The building sprinkler system is serviced _____.
(Monthly, Bi-monthly, Quarterly, Semi-Annually, Annually)

This is conducted by _____.
(Servicing Company or Responsible Person's Name)

Records are retained for _____.

ACCUMULATION OF FLAMMABLE OR COMBUSTIBLE WASTE MATERIALS

The generation of flammable or combustible waste materials occurs during _____ operations. _____ is responsible for the proper disposal of these types of waste(s). Records documenting proper disposal are retained.

Flammable or combustible materials will be placed in proper containers in accordance with the product label, Material Safety Data Sheet (MSDS) or regulatory requirements until such time the waste can be disposed of properly.