

McLaren Print System Order

Order No: 9083 Reprint Previous Order No: 5693
Order Date: 2015-02-16
User: Angie Yaworski
Phone:

Ship Location:

Forms

Quantity: 100
Paragon Dept No: 4444
Dept Name:
Company Number: 810

Order Total Price: 11.70

Item Number: MM-149
Item Description: Fire Report
Revision Date: 9/2014
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
FIRE REPORT

IT IS THE POLICY OF MCLAREN MEDICAL GROUP THAT, AFTER EACH FIRE INCIDENT, A REPORT MUST BE SENT WITHIN 48 HOURS TO THE SAFETY OFFICER.
PLEASE FAX ALL REPORTS TO PRACTICE MANAGEMENT AT (919) 343-1933.

Name of center: _____

Date of alarm: ____/____/____ Time of alarm: _____ a.m. / p.m.

1. Alarm location: _____ (will be announced via overhead PA system, if available).
2. Employee reaction: _____
3. Did available staff participate in the procedures? Yes No (if no, explain): _____
4. Did any employee not hear the alarm? No Yes (if yes, give reason): _____
5. Visitor reactions: _____
6. Where are the safe areas of your center? (This is the place where you would move patients when making an evacuation of the site.) _____
7. Review your center procedures for your specific duties.

Remarks/Comments/Suggestions: _____

Facilitator: _____ Today's Date: ____/____/____