

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 (810) 342-1076.**

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 fire 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 at 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: ____ / ____ / ____