# **Fire Evacuation Plan**

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| **Name of Premises:** | The Queen’s College |
| **Conference name:** |  |
| **Conference dates:** |  |
| **Names of Fire Marshals:**  (one fire marshal per quad/zone please)  *Each conference must appoint sufficient persons to take charge of all delegates in the event of an emergency.* |  |
| **Person producing plan:** |  |
| **Date plan produced:** |  |
| **Date of next expected fire test:** | Every Tuesday between 8.45 – 9am.  The alarm is a continuous siren; a test is a short sound of this siren.  Delegates are not expected to evacuate for the weekly test. |
| **Fire drill booked?**  Usually required by long-stay groups and groups of under 18’s. | Required? **YES/NO**  *We can arrange a specific fire drill for your group if required. However, if a universal drill takes place in College it is mandatory that all resident groups participate.* |
| **Briefing/communication:** | Would you like to meet the Conference Officer to talk through the evacuation procedure and to see the assembly points? **YES/NO**  Briefing for delegates arranged on …………………………………(date). |

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| **Assembly points:** | * See map overleaf. |
| **Calling the Fire Service** | * If you discover a fire, call the Fire Service giving the address of the premises as ‘The Queen’s College, High Street, Oxford, OX1 4AW’. * A fire alarm will sound in the Porters Lodge and the Senior Porter will call the Fire Service. |
| **Evacuation Procedures** | * During your event, your nominated Fire Marshals will instruct their conference delegates where the assembly point is and will instruct them not to return to the building. * Delegates will leave the building by the nearest exit and report to the assembly point. * Your Fire Marshals will perform a role call to account for all personnel attending the conference. * The result of the roll call will be passed to the emergency services. |
| **Arrangements for safe evacuation of persons with special needs** | * We **do/ do not** have persons with special needs who may need assistance during an emergency situation. * Name of Fire Marshal to assist persons with special needs in the   event of an emergency: …………………………………………   * We **do/ do not** have sensory impaired persons who require   specialist equipment to allow for recognition of the alarm system.   * If you may find it difficult to use the ordinary means of escape in an emergency please make the lodge aware. |
| **Firefighting equipment** | * Fire Marshals will not use Fire extinguishers unless they are trained in their use. |
| **Liaison with attending emergency services** | * Name of Conference Fire Marshal to meet the Fire Service ……………………………………………………. (name).   To pass on information regarding;   * Any persons unaccounted for and their probable location. * The location of the fire (if known). * Access routes to the fire (if known). |

Signed (for and on behalf of the Client) ………………………………………

Name (please print ………………………………………………………………

Position/Title ………………………………………………………………..…….

Date………………………………………………………………..…………………

Contact Tel. No.………………………………………………………………..…