#  **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.
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| **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.
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| **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.
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| **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.
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| **Firefighting equipment**  | * Fire Marshals will not use Fire extinguishers unless they are trained in their use.
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| **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).
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Signed (for and on behalf of the Client) ………………………………………

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

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

Date………………………………………………………………..…………………

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