
Facility Name

EMPLOYEE FIRE SAFETY TRAINING RECORD

Employee Name: _____

Hire Date: / /

| Training Date | Fire Prevention Training | | Evacuation Training | | | Fire Safety Training | | Instructor/Facilitator |
|---------------|---|--|---------------------------------------|----------------------------|------------------------------|-------------------------------------|--|------------------------|
| | Discussion of Hazardous Materials & Processes | Discussion Of Fire Prevention In the Workplace | Fire Alarm or Evac Signal Recognition | Evacuation Duties Assigned | Evac Routes & Assembly Areas | Employee Emergency Duties Discussed | Locations & Operation of Portable Fire Extinguishers Discussed | |
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√ Put a check-mark in completed boxes