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GEORGIA DEPARTMENT OF CORRECTIONS EMERGENCY RESPONSE PLAN FIRE SAFETY CHECKLIST

I. Correctional Facility:

<u>Name</u>

Address

Phone Phone

Administrator

Fire Safety Inspector

II. Local Fire Department:

<u>Name</u>

Address

Phone

Distance from Facility

Fire Chief

- III. Date of Orientation Visit to Facility:
- **IV. Checklist** (initialed by the Non-Departmental Fire Chief having local jurisdiction):
 - A. Meeting with Facility Administrator
 - **B.** Relevant Organizational Chart of Facility
 - **C. Floor Plan of Facility**
 - **D.** Evacuation Plan of Facility
 - **E.** Tour of Facility
 - F. Firefighting Capability of Facility:
 - 1) Personnel

Retention schedule: Upon completion, a copy of this form shall be retained with the Facility Fire Safety/Emergency and Evacuation Plan for two (2) years and then shall be destroyed. This form shall also be retained with the Plan on file at the fire service location having local jurisdiction.

- 2) Hydrants
- 3) Extinguishers
- 4) Emergency Lighting

G. Utility Master Controls:

- 1) Gas
- 2) Water
- 3) Electricity

H. Staging Area upon Arrival

- I. Facility Staff to Contact upon Arrival
- J. Accessibility Routes for Local Firefighting

K. Discussion of Facility Emergency Plans

L. Date of Meeting to Update Emergency Plans

Facility Administrator

Fire Chief

This form is to be completed annually.

Send one copy to:

Manager, GDC Fire Services and Life Safety P. O. Box 1529 300 Patrol Road Forsyth, Ga. 31029 Phone (478) 992-5291 Fax (478) 992-5292

Date

Date