Fire Incidence Response (FIRE) Plan

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This FIRE Plan belongs to:

_____

This FIRE Plan was last updated on:

_____

Local Emergency Contact



Name: _____

Phone #: _____

Address: _____
_____

Social Media: _____

Email: _____

Important Info: _____

Out of Town Emergency Contact



Name: _____

Phone #: _____

Address: _____
_____

Social Media: _____

Email: _____

Important Info: _____



Emergency Meeting Places

Neighborhood: _____

Instructions: _____

_____

Out of Neighborhood: _____

Instructions: _____

_____

Out of Town: _____

Instructions: _____

_____

Important Numbers and Information

Police: **DIAL 911** or #: _____

Fire: **DIAL 911** or #: _____

Poison Control: _____

Doctor: _____

Doctor: _____

Pediatrician: _____

Dentist: _____

Medical Insurance: _____

Policy #: _____ Group #: _____

Dental Insurance: _____

Policy #: _____ Group #: _____

Hospital: _____ Phone #: _____

Pharmacy: _____ Phone #: _____

Home/Rental Insurance: _____

Policy #: _____ Group #: _____

Flood Insurance: _____

Policy #: _____ Group #: _____

Kennel: _____

Electric: _____ Gas: _____

Water: _____

Accessible Transport: _____

Section #1: Fire Prevention and Management Equipment

1.1 Equipment to notify you that a fire is occurring

- Please check the items you will utilize in your home to notify you that a fire is occurring. If the item if not on the list below, feel free to add it.
- Once you have established your list, please indicate the date the item was installed. If it is unknown, indicate 'unknown'.
- Next, indicate the frequency of testing. You can often find this information in the packaging of equipment. We have provided some standard testing frequencies, however PLEASE check the specifics for your individual device.
- Next, indicate the next date you will test the functionality of the device. Once you have established the date, set a reminder for yourself using your preferred calendar system.
    - Tip: you can often set up a recurring event so you only need to set the reminder once
- Once the testing is completed for a particular date, check the box next to the date so that you remember that it has been completed

Item	Will you use?	Date installed	Frequency of testing	Next testing date	How will you remind yourself to test this equipment?
Smoke alarm			Every 6 months		
Smoke detector			Every 6 months		
Carbon monoxide detector			Every month		

1.2 Equipment to prevent or manage fires

- Please check the items you will utilize in your home to prevent fires in your home. If the item if not on the list below, feel free to add it.
- Once you have established your list, please indicate the date the item was installed (if applicable). If it is unknown, indicate 'unknown'.
- Next, indicate the frequency of testing (if applicable). You can often find this information in the packaging of equipment. We have provided some standard testing frequencies, however PLEASE check the specifics for your individual device.
- Next, indicate the next date you will test the functionality of the device. Once you have established the date, set a reminder for yourself using your preferred calendar system. (Tip: you can often set up a recurring event so you only need to set the reminder once)
- Once the testing is completed for a particular date, check the box next to the date so that you remember that it has been completed

Item	Will you use?	Date installed	Frequency of testing	Next testing date	How will you remind yourself to test this equipment?
Sprinklers					
Cooking equipment • Specify:					
Fire extinguishers					

Section #2: Evacuation Plan

2.1 Escape route for evacuation:

Please provide details on the specifics of your evacuation plan that you will use.
Escape route:
Please provide as much detail as possible on what route you will take to leave your home.



- Make note of any assistance you need along your escape route.
  - Specifically identify who will provide assistance to you and a backup plan if that individual is not available.
  - Consider what type of training both your primary assistant and backup assistant might need.
- Consider any doors or windows that would need to be unlocked
- Consider areas of rescue assistance if you live in a multi-story building

Route #1:

Please now describe your back up escape route using the same level of detail.

Route #2:

2.2 Equipment that will be used to evacuate:

- Evacuation equipment to be used to evacuate a multistory building:

  _____

- Training required to use the equipment (Describe in detail):

- How will you transfer into the equipment?

- Have you discussed use of this equipment with your fire department?
  - ○ Yes
  - ○ No

- Please note specific items you will use during an evacuation, e.g. wheelchair. Please also note back up items you will use if the equipment is not available to you.

2.3 Family/Friend/Care partner communication

- Primary meeting location after a fire event
- Back up meeting location
- Plans for communication after a fire event
- Plan to practice the evacuation plan:
  - Date:
  - Time:

2.4 Individual and Home Checklist

Please fill out this checklist with all applicable items. You may also want to give a copy to your local fire department to keep on file. Please review and update this checklist once every six months or when a significant change occurs.

Date: _____Name: _____
Address: _____ Apartment: _____
City: _____ Zip: _____Phone #:_____
Emergency Contact: _____ Phone #: _____

Medical Conditions/Needs: _____

_____

Door Key Location: _____

_____

Access Information: _____

_____

Individual Items

	Ways I Transfer
	Assistive Technology/ Devices I Use on a Daily Basis
	Other Medical Equipment
	Service Animals/Pets
	Locations I Experience Pain

Home Items

	Accessible Entrances
	Other Access Points
	Home Modifications
	Home Layout
	Family members live with me

2.5 Connecting with your fire department

Please complete the following table

Details about your fire department	Response
Name of fire department	
Address of the fire department	
None emergency phone number	
Contact in your fire department (name, title)	
Direct phone number of your fire department contact	
Schedule of meetings • Meetings with fire department should occur every six months. • Tip: Set a recurrent event (every six months) in a digital calendar to keep you on track.	Initial meeting: First follow up meeting:

Talking points when discussing your needs with the fire department. Please check the box when you have covered this item.

- ☐ Location of your home.
- ☐ Home layout
  - Discuss location of accessible exits and areas you have difficulty navigating.
- ☐ Description of your disability and your unique needs in emergency.
  - Ex. Not be able to walk down steps
- ☐ How many people would be required to lift you.
- ☐ Any mobility devices/special equipment that you use.
  - Such as wheelchairs, oxygen, etc.
- ☐ Service animals
- ☐ Your ideal piece of evacuation equipment and what type of evacuation equipment the department has access to.
  - If these items do not match up, you may want to schedule a meeting with the department to assure the equipment they have is a good match for you.
  - Information about evacuation equipment was provided in Module #2.
- ☐ Ask about the potential of practicing your plan with the fire department, including use of their evacuation equipment.

Section #3: Managing Life After a Fire

3.1 Connecting with local resources

Please list the name and phone number of your local support services agency:

Name of contact: _____
Phone number of contact: _____

3.2 Items needed after a fire event:

Item	Where you will obtain this item	Notes
Immediate needs		
Needs in the first week		
Needs in the first month		

3.3 Critical characteristics needed in temporary housing

1.
2.
3.
4.
5.

3.4 Replacement of equipment

Name of vendor:
_____

Phone number of vendor:
_____

Serial number of wheelchair or scooter:
_____

Insurance that purchased the device:

- Primary (Name/phone number/policy number):
  _____
- Secondary (Name/phone number/policy number):
  _____

3.5 Check list of after fire "to-do's"

- [ ] Get yourself checked by Emergency Medical Technicians (EMTs).
- [ ] Contact Insurance company.
- [ ] Contact credit card companies.
- [ ] Contact mobility equipment vendors.
- [ ] Contact primary care doctor.
- [ ] Replace money.
- [ ] Assess damage in your home.



Great job on completing your FIRE plan!