

**WORKPLACE ORIENTATION QUESTIONNAIRE**

**Note:** This questionnaire is to be completed by all new staff working in a zone under Zone Warden arrangements. The forms are to be returned to and retained by the Zone Warden.

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Ward/Department:** \_\_\_\_\_

Who is your Zone Warden? \_\_\_\_\_

Where is the nearest Manual Call Point (Break Glass Alarm)?  
\_\_\_\_\_

Will an alarm sound in your area if you activate the Manual Call Point? Yes/No

What telephone number do you ring in an emergency? \_\_\_\_\_

What should your actions be if you detect fire or smoke?

**R** \_\_\_\_\_

**A** \_\_\_\_\_

**C** \_\_\_\_\_

**E** \_\_\_\_\_

Where is the nearest Fire Extinguisher? \_\_\_\_\_

What type is it? Foam  Water  Dry Chemical  CO2

Is it safe to use on electrical fires? Yes/No

What emergencies do the following codes signify?

Code Red \_\_\_\_\_ Code Orange \_\_\_\_\_ Code Blue \_\_\_\_\_

Where is the zone evacuation diagram located? \_\_\_\_\_

If an evacuation is ordered do you know where the egress routes are for your zone? Yes/No

How many egress routes are there from your zone?

What is the correct order of evacuation? (1st, 2nd, 3rd, etc as appropriate)

Visitors  Records  Non ambulant patients  Walking patients

Where is the zone evacuation assembly area? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Zone Warden Comments: \_\_\_\_\_  
\_\_\_\_\_

Zone Warden Name: (Print) Signed: Date: