

# **Fire & Utilities Instructions**

# Fire and Utilities Responsibilities Checklist

## Fire

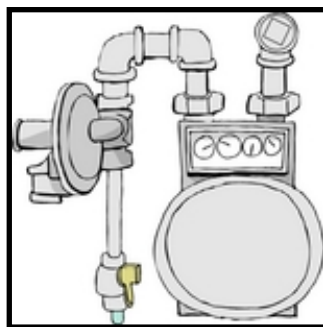
- Gather all reports of existing fires and their locations from Incident Command Team (ITC).
- Make a search of the building to confirm reported fires and identify any non-reported fires.
- Carry out small fire suppression actions.
- Keep ICT informed of you progress and suppression of fires.



***RULE #1: Do Not Become A Victim Yourself! The safety of the fire/utility team members must never be compromised while carrying out fire suppression activities, "If you're in doubt - Don't try to put it out"!***

## Utilities

- Identify utility shut off location.
- All utilities must be assessed for damages.
- Turn the power off if:
  - you find any arcing or sparking electrical lines
  - the power has gone off
- Turn the gas off if:
  - there is a strong smell of gas
  - dial on the meter is spinning quickly
  - there is a loud hissing sound, indicating a rupture in the gas line
- Shut the water off if:
  - any major leaks are reported
  - fire sprinkler system has ruptured
- Establish a system of monitoring all utilities after each after shock for damage.
- Report assessment to ICT.



# Basic Fire Suppression

## Types of Fires

An Extinguisher with these markings will put out the corresponding type of fire.

### Class “A” fire

- Ordinary combustibles
- Wood, paper, clothing



### Class “B” fire

- Flammable liquids
- Gasoline, oil, grease, kerosene



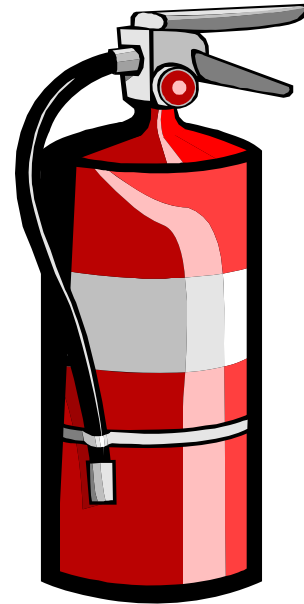
### Class “C” fire

- Electrical equipment
- Wiring, circuit breakers, machinery, and appliances



### Class “D” fire

- Combustible metals
- Magnesium, steel wool, aluminum



# Fire Extinguisher Operation

## P.A.S.S.

# P.

Pull out the locking pin, breaking the seal.



# A.

Aim nozzle or hose just in front of the base of the fire.



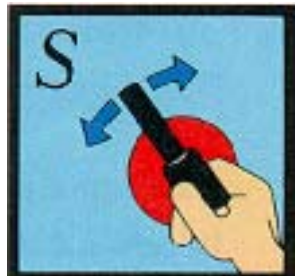
# S.

Squeeze the trigger handle all the way.



# S.

Sweep discharge from side to side, moving front to back across the base of the fire.



## Fire Overhaul

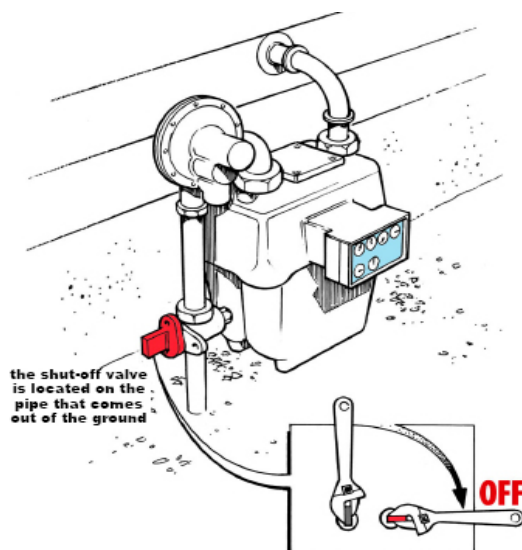
To prevent a fire from reigniting after it has been extinguished, it is very important to carefully search the fire scene/area to locate and extinguish any hidden hot spots or sparks.

- Separate the burned from the unburned
- Spread out the burned material while checking for hot embers
- Soak burned material with water, if available
- Cover remaining liquids with dirt or other material to prevent re-ignition
- Shut off power supply if not done so prior to extinguishment

## Utility Control Safety

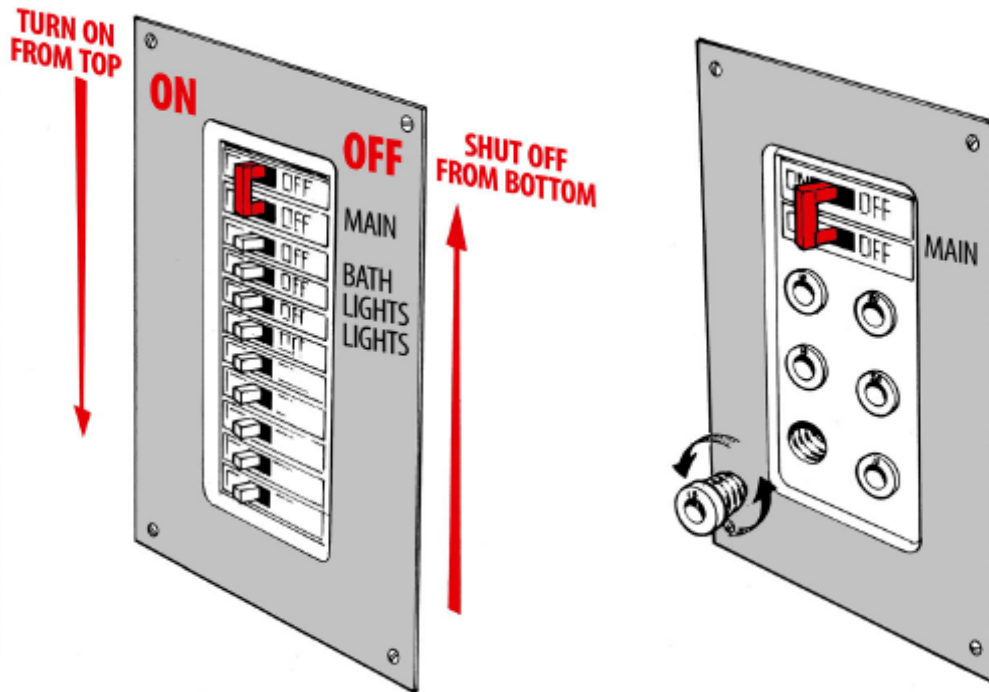
### A. Natural Gas

- Look for fast moving dials which could indicate a leak inside the structure.
- After determining that natural gas is leaking (smell, sound, fast meter dials) locate the gas meter.
- Turn the valve down until the valve points across the pipe are perpendicular. Check to see if the gas leak has stopped.
- After determining that natural gas is leaking (smell, sound, fast meter dials) locate the gas meter.
- Check the gas valve to see if it is still open.
- Adjust the wrench on the valve for a snug fit.



## B. Electricity

- Shut off electricity by shutting off circuit breaker panels and fuse boxes.
- Start at bottom and work up.



## C. Water (Custodial staff will probably control)

- Shut off the water valve(s) next to the structure and also the valve next to the street or alley, if possible. (Right to Tight - Left to Loose)



# Forms





# Disaster Release Form

(You will need 2 copies of this for every student)

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

If I/we are unable to pick up our child, I/we designate the following three people to whom my child may be released in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

I authorize release of my child to any adult with whom he/she feels comfortable. **Circle One: Yes No**

**Medical Alert:**

Condition: \_\_\_\_\_ Medication \_\_\_\_\_

Condition: \_\_\_\_\_ Medication \_\_\_\_\_

Please send to school at least three full day's dosage of each medicine and include a letter from your physician giving the principal or designee permission to administer this medicine in the time of an emergency.

If telephone service is interrupted due to a major disaster, long distance service will be the first service repaired. Please list a friend or family member, who lives out of state that we can call with information in case local telephone service is interrupted.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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**For School Use Only**

The Student was released to: \_\_\_\_\_

By \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) (PM)

Destination: \_\_\_\_\_

**One copy stays at request gate**

**One copy goes with runner to release gate**



# Volunteer Assignment Log

(Copy onto Orange paper then everyone will know these are the volunteers for Support/Security)

Volunteer Name	Time In/Initials	Team/Job	Assigned Time Out/Initials
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

**STATE OF WASHINGTON  
EMERGENCY WORKER DAILY ACTIVITY REPORT**

<b>County in which mission/incident took place:</b>		<b>Mission/Incident Number:</b>	
<b>Mission/Incident Name:</b>		<b>Date From:</b>	<b>Date To:</b>
<b>Unit Name:</b>			
<b>Unit Address:</b>			

EMERGENCY WORKER NAME	CARD No.	ASSIGN. OR TEAM	DATE		DATE		TOTAL HOURS	ROUND TRIP MILES (DRIVER )
			IN	*OUT	IN	*OUT		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								

\* The time a person could reasonably have expected to reach home without stopping enroute.

<b>TOTAL PERSONNEL:</b>		<b>TOTAL HOURS:</b>		<b>TOTAL MILEAGE:</b>	
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**THIS FORM MUST BE SIGNED BY LOCAL EMERGENCY MANAGEMENT DIRECTOR/COORDINATOR OR SHERIFF'S DEPUTY.**

*By my signature below, I certify that these persons did participate in this mission/incident:*

Print Name and Title		Signature
EMD - 078 (02/00)		