

Facility Name _____

PHYSICAL ENVIRONMENT/FIRE SAFETY PRE-STRIKE QUESTIONNAIRE

1. Have you consulted with the local police and fire department officials? YES NO

2. What type of fuel or power is used for heating?

Electric Oil Natural Gas Propane

If oil, tank capacity: _____ Date last filled: _____

If propane, tank(s) capacity(ies) _____ Date last filled: _____

Average daily consumption: _____ Current capacity: _____

3. **Air Conditioning Systems:**

(a) Is a central or partial air conditioning system provided? YES NO

(b) The date it was last serviced: _____

(c) Is a service contract in effect? YES NO

(d) Name of service company: _____
Town: _____ Tel. No. _____

4. What type of fuel is used for cooking? Natural Gas: Propane Gas: Electrical

5. **Emergency Electrical Generator:**

(a) Type of fuel: Diesel Gasoline Natural Gas Propane

Diesel or Gasoline: Size of tank _____ gallons
Date tank last filled: _____

Current capacity: _____

Propane: Size of tank(s) _____ gallons
Date tank last filled: _____

Current capacity: _____

(b) Do facility personnel know how to start the generator in the event the generator does not start automatically? YES NO

Specify Personnel: _____

(c) Date the generator was last serviced: _____

(d) Date the generator was last tested under full load conditions: _____

(1) Did the emergency generator and electrical systems function satisfactorily? YES NO

(e) Date the generator batteries were last tested: _____ or replaced: _____

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6. Are all utility shut-off valves identified and maintained in a reference manual and is there staff on all shifts trained to shut off the valves in an emergency? YES NO

(a) Where is manual located? _____

7. **Fire Alarm System:**

(a) Date of last test: _____ Date of next inspection: _____

(b) Is the fire alarm control panel kept locked? YES NO

8. **Sprinkler System:**

(a) Date of last inspection: _____

(b) Date of next inspection: _____

9. **Heating System(s)**

(a) Type _____

(b) Date last serviced: _____

(c) Do you have a service contract? YES NO NA

10. **Telephone System**

(a) Is the Telephone Equipment Room kept locked? YES NO

(b) Do you have back up telephone system? YES NO

If YES, explain the system: _____

(c) Is a pay telephone available? YES NO

Indicate location and telephone number: _____ () _____

(d) If the internal facility telephone system is private, provide:

Name of Company _____ **Routine Number:** _____

Town: _____ **Emergency Number** _____

11. **Fire Extinguishers**

(a) Date last inspected: _____

(b) Date kitchen hood system last inspected: _____

12. **Bomb Threats Contingency Plan**

(a) Has it been reviewed with the local police _____ fire officials _____?

YES ___ NO ___ **Date of last review** _____

By Whom: _____

13. **Oxygen**

(a) What is the quantity of oxygen on hand? _____

(b) Approximate weekly use: _____

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14. **Emergency Water Supply**

- (a) Potable Water:
 Vendor: _____
 Town: _____
 Tel. No (s): Day: _____ After hours: _____
- (b) Bulk Carrier: State Certified Carrier? **YES** **NO**
 Vendor: _____
 Town: _____
 Tel. No (s): Day: _____ After hours: _____

15. **Method of Sewage Disposal (check)**

- (a) Municipal Sewers _____
- (b) Septic System:
 1. Frequency of pumping out system: _____
 2. Date of last service: _____

16. Are reserves of emergency batteries for flashlights and essential equipment maintained in stock? **YES** **NO**

17. Are all electrical panels identified as to circuits and kept locked? **YES** **NO**

18. Are any construction or renovation projects currently underway? **YES** **NO**

- (a) What will be their status during a strike?
 Continue to work _____; Cease all activities _____
 Continue at a reduced rate _____; or Other _____

