Form : SL001



*(This form does not need to be printed, It can be signed digitally)*

***Community lets***

Fire Safety Declaration Person(s) In charge of Let in Schools.

# Application for a Let at is conditional on the acceptance

**of the undernoted by the relevant person in charge of a Let under the current terms and conditions of the Let Permit.**

I senior person in charge of *(Let name)* at *(site name)* confirm my staff and I will adhere to all the

following requirements outlined below:-

Name of group/ club .

Comprising of (max number of group attendees) .

Number of supervising persons/staff .

# Fire Safety Compliance:-

I confirm that as the person in charge of the Let.

* Briefed my staff and group members on the local building fire and emergency evacuation procedures and know exactly who to do in the event of a fire alarm activation.
* Are familiar with the nearest and alternative fire escape routes and final fire exits from the location of my group/club.
* Are aware and familiar with the sound of the building’s local fire alarm and detection system.
* If relevant, any of my group members who are hearing / visually impaired are aware of the any additional fire safety control measures and fire management procedures that are in place to assist them in their cognisance that a fire alarm activation has occurred.
* Are aware of the time and day of the week when the fire alarm system is weekly tested and if this coincides with the time of the goup activity taking place.
* Any persons within my responsibility that have special needs/mobility issues have a suitable and sufficient Personal Emergency Evacuation Plan (PEEP) in place.
* In relation to the above bullet point I confirm that sufficient staff resources in my charge will assist with the evacuation of any members of my group who have special needs / mobility issues and that I have the responsibility for persons with special needs in my group.
* Follow the instructions displayed on the fire action notices installed in the building / areas in which we occupy.
* Can account for all members of my group in the event of having to evacuate the building for a fire alarm activation at the assembly point.
* if required, pass on any important information to the senior person in charge of the incident / senior officer in charge of Scottish Fire and Rescue Service (SFRS) including any missing persons who have not reported to the assembly point.
* Will undertake / participate in any fire evacuation drills/ exercises whilst on site at the time slot of our Let.
* Comply with the current assembly instructions when outside the building.
* Provide an update to my group members when it will be permissible to return to the building provided it safe to do so based on the decision from the senior person in charge of the incident. In certain circumstances this could be in conjunction with the instructions of Scottish Fire and Rescue Service (SFRS) Senior Incident Commander.

# I confirm that I am responsible for the members of my group at all times whilst on site at .

**Name:-(PRINT) .**

**Signature .**

**Date:-**