

Perform Basic Fire Fighting

Handout 5

Fire Fighter Appointment

FIRE FIGHTER APPOINTMENT

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993

FIRE FIGHTER

ENVIRONMENTAL REGULATIONS FOR WORKPLACES 9(1) AND GENERAL SAFETY REGULATION 2.

(Appointee's Name)

I, (Appointer's Full Name) the (Legislative reference of appointment) appointee of (Appointer's Area) hereby appoint you (Appointees Name) as the Section 8(2)(i) appointee for (Responsible Area).

A) In terms of this designation you are required to ensure that the duties as follows being carried out:

- 1. In case of an emergency where the building has to be evacuated due to fire you are responsible for:
 - > the classification of the fire to ensure that the correct method of extinguishing being used
 - assess the situation to determine when and what actions to take
- 2. Only respond on command of the Evacuation team leader to re-enter a building.
- 3. Identification of correct fire equipment and places where the likelihood of fire occurs.
- 4. Ensure and maintain good housekeeping.
- 5. Ensure that you familiarize yourself with the operation of the fire-fighting equipment in your department.
- 6. Carry out inspections of the emergency escape routes to make sure that they are not obstructed.
- 7. Report any unserviceable or damaged fire-fighting equipment in your area to your supervisor.
- 8. Basic fire awareness within your department.

The evacuation procedure will be practiced twice a year, the dates and times of such practices will be communicated to you.

You are required to report any deviations of the above-mentioned instructions to (Section 16(2) Appointee or the CEO).

You will be required to undergo training in order to ensure that you can complete your tasks successfully.

Your appointment is valid from (Start Date).

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(Appointer's Signature)

Kindly confirm your acceptance of this appointment by completing the following:

<u>ACCEPTANCE</u>

I, (Appointee's Full Name) understand the implications of the appointment as detailed above and confirm my acceptance.

(Appointee's Signature)

(Date)

(Date)