

# St. Lucia Fire Service

Manoel Street  
P.O. Box 496, Castries  
Tel: 1 (758) 455 - 6113 Fax: 1 (758) 452 - 3604  
Email: [firepredept@gmail.com](mailto:firepredept@gmail.com)

## Fire and Life Safety Education Request Form

Company /Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Use of Property: \_\_\_\_\_

Date of Last Fire Safety Inspection of Building: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Age Range of Participants: \_\_\_\_\_ years to \_\_\_\_\_ years

Indicate special needs of participants:

Visually Impaired     Immobilized     Hearing Impaired     Mute    Other: \_\_\_\_\_

Proposed Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Proposed Time: \_\_\_\_\_ Proposed Duration: \_\_\_\_\_  
(dd/mm/yy)

Venue: \_\_\_\_\_

Select Form of Presentation Required:

Lecture Presentation     Training/Demonstration in use of Training Equipment

Indicate Areas of Special Interest:

Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**NB:** Prior to conducting fire safety training/lectures with occupants of a public or commercial building, a fire safety inspection may be deemed necessary if the occupied building has not been inspected by Fire Safety Officers within 6 months of the date of request.

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## FOR OFFICIAL USE ONLY

Date Received: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Confirmed Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Presenter (s): \_\_\_\_\_

\_\_\_\_\_

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

