

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

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: _____

