

Restaurant Fire Safety Training Record

Restaurant Name:

Location:

Training Date:

Trainer Name:

Training Topics Covered

Topic	Covered (Yes/No)	Notes
Fire Prevention Measures		
Use of Fire Extinguishers		
Evacuation Procedures		
Emergency Contacts & Procedures		
Location of Exits & Fire Alarms		
Kitchen Equipment Fire Safety		
Other:		

Participants

Name	Job Title	Signature	Date

Additional Notes: