



Main Centre Induction sheet

To be filled in by hirer's and Campsite team

Users: (e.g. Group name)		Dates:	
Emergency site contact number			
By ticking I agree that I have been shown the following:			
Fire Alarm	Gas Activation	Gas Shut off	Heating Control
Lighting control	Building File	Cleaning Stores	Key storage
Barn unlocking (if in use)	Fire warning siren	Fire assembly point	
Before Leaving Site please tick to say that the below has been completed:			
Bunk rooms Floors cleaned	Hall floors swept and mopped	Toilet cleaned and mopped	Kitchen cleaned and mopped
Entrance hall cleaned and mopped	All Lost property removed from site	All windows closed	All lights off
	Toilet block Cleaned and Mopped		
<u>First Aid usage</u>			
First Aid Used	Location of kit used:		
Reason for First Aid:			
Areas/Extent of injury			
Date of injury		Time of injury	



Ensure the below is filled in should the Alarm Sound			
Date Of Activation		Time Of Activation	
Users: (e.g. Group name)		Person In Charge of event:	
Zone:		Call point or detector:	
Cause of Alarm:		Why false alarm occurred (details):	
<u>Feedback</u>			
Please give us feedback regarding your stay, both positive and ways we can improve.			
Signed by:		Date:	
Campsite team use past this point only			
Investigated by:		Date:	
Further actions required:			
Further actions completed by:		Date of further actions completed:	