Fire Drill Report
Name Community Residence: _____
Address: _____

Date of fire drill: _____ Time of drill: ____ a.m. _____ p.m.

Fire Drill was: ____ announced ____ unannounced planned ____ unannounced unplanned (e.g. false alarm)

Drill participants:

Residents (first name only)

_____
_____
_____
_____
_____
_____
_____

Staff (full name)

_____
_____
_____
_____

Total time to evacuate the residence: _____ minutes _____ seconds

Were any residents not at home during the fire drill? Yes ( ) No ( ) If yes, please list name(s):

_____
_____
_____

Was an exit route blocked? Yes ( ) No ( ) If yes, identify blocked exit:

_____

Was a simulated fire used? Yes ( ) No ( ) If yes, identify location of simulated fire:

_____

Was fire alarm activated and did it work correctly? Yes ( ) No ( ) If no, identify the method used to alert residents and/or explain any problem noted with fire alarm system:

_____

Name of resident(s) not exiting in 3 minutes: **provide actual evacuation times**

_____ ___minutes ___ seconds

_____ ___minutes ___ seconds

_____ ___minutes ___ seconds

Fire drill comments or problems: (use additional pages as needed)

_____
_____
_____
_____
_____

Did local fire department observe fire drill? Yes ( ) No ( )

If yes, did the fire department provide feedback? Yes ( ) No ( ) If yes explain:

_____
_____
_____

House Manager Signature: _____ Date: _____

This report needs to be forwarded to agency supervisor within 2 days after drill is completed.

Supervisory Review **Fire Drill Date: _____**

Community Residence Name: _____

Reviewed by (supervisor's name) _____ Title: _____

Date reviewed: _____

_____ My review indicates that there were no major issues noted during this fire drill

_____ My review indicates there were areas of concern as described below:

Concerns/problems:

_____
_____
_____
_____
_____
_____

Corrective action to be taken:

_____
_____
_____
_____
_____
_____

Residents to be retested within 14 days of original fire drill date:

_____
_____
_____
_____

Supervisor's Signature _____

cc: House Manager
Director of physical plant
House File