


 Regular Drill

FIRE DRILL EVALUATION

 LS Interim Plan Drill

Date:	Facility Address:	Program:	Shift:
Time:	Location of Fire in Facility:	Type of Signal:	Circle Type of Drill: Announced or Unannounced
Instructions: Please complete this form: <ul style="list-style-type: none"> Monthly in RT and the Schools Bi-annually for Foster Families Annually in all business sites and sites where clients are served 		Documentation: Please process this form as follows: <ul style="list-style-type: none"> Keep original in your EC binder. If form is used during Interim Plan, keep original in the LS Interim Plan Binder Send a copy to the Agency's Administrative Assistant at 100 Poplar 	

Section 1: Alarm Company Information			
Alarm Company Name:	Phone Number:	Technician/Operator's Name:	
Time system put on test:	Did the alarm company receive the signal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Time Alarm Company received signal?	The time system taken off test:		
Section 2: Fire Drill Review Information			
	YES	NO	N/A
A. Did employees evacuate the clients and guests appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Did employees activate the fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Did employees close all windows and doors in room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Did employees obtain fire extinguishers while evacuating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Do employees know how to use the fire extinguisher (P.A.S.S.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Do employees know how to properly evacuate (R.A.C.E.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Did employees hear the alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Did all employees evacuate the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Did the Sign-In Logs match the people who were present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Did everyone evacuate to the appropriate assembly area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Training			
All Staff should be trained on the following:			
RACE	R Rescue anyone in immediate danger A Alarm, pull the nearest fire alarm C Contain, close all windows and doors as you evacuate the building E Evacuate the building and close all doors	PASS	P Pull the pin on the fire extinguisher A Aim at the base of the fire S Squeeze the handle S Sweep using a side-to-side motion

Section 4: Critique			
A. Approximate time it took ALL to evacuate (minutes: seconds)? Time:	YES	NO	
B. Did staff bring the client roster, and any necessary emergency supplies?	<input type="checkbox"/>	<input type="checkbox"/>	
C. Was a head count taken?	<input type="checkbox"/>	<input type="checkbox"/>	
D. Was an "All Clear" ordered before re-entering building?	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5: Comments

Section 6: Review/Approval			
Drill completed by (Print):	Fire Drill: Pass or Fail? <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Re-Schedule Fire Drill Date:	
Fire Drill Conductor Signature:			Date: