

[illegible]

FIRE DRILL REPORT

Facility Name: _____

Address: _____

Date: _____ Time: _____ Shift: _____

Person conducting the drill: _____
(Name and Title)

Was fire alarm system activated to initiate drill? YES NO

If answer is no, how was drill initiated?: _____

Drill location and simulated conditions: _____

Unusual conditions (if any): _____
(weather, remodeling, temporary exits, etc.)

Did any residents who are capable of assisting in their own
evacuation participate in the drill (not required)? YES NO

All residents, visitors and staff accounted for? YES NO

Total time of drill: _____ Time ALL CLEAR given & fire alarm reset: _____

Critique: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.