

Fire Drill Response Form

Agency:		Building/Facility:	
Date:	Drill Conducted By:		Type of Alarm Device Activated:
Weather: <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Clear <input type="checkbox"/> Hot <input type="checkbox"/> Mild <input type="checkbox"/> Cold <input type="checkbox"/> Windy		Time Alarm Initiated:	Time Alarm Silenced:

The Safety Director recommends notifying your local Fire Department prior to conducting drills and to put your fire alarm panel in drill mode.

Evacuation Information

Length of Time to Complete Evacuation:			Number of Participants:	
	Yes	No	N/A	
1				Did alarm devices in all areas/floors activate?
2				Did everyone in the building evacuate?
3				Was the evacuation orderly?
4				Were all occupant areas of the building checked?
5				Did all occupants proceed to the nearest exit?
6				Did all occupants proceed to the predetermined assembly location?
7				Was a roll call/head count conducted?
8				Were the assembly areas a safe distance from the building?
9				Did the assembly area block access for emergency vehicles?
10				Did evacuees remain in the assembly area until given the "all clear"?

Additional Comments

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Recommendations/ Areas in Need of Improvement

List of Participants on Next Page

Print Name	
1.	25.
2.	26.
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