F I R E   D R I L L   F O R M

Completed Y	Completed N	Actions Taken
☐	☐	Use of the alarm system to announce the fire drill.
☐	☐	Notifying the Fire Department of the fire (simulated).
☐	☐	Notifying by intercom or word of mouth for the staff to begin evacuation.
☐	☐	Locate and isolate the fire.
☐	☐	Evacuation of the immediate area.
☐	☐	Evacuation of smoke compartment.
☐	☐	Evacuation completed when all participating staff and clients are at the predetermined meeting area.
☐	☐	Extinguishment of fire.
☐	☐	All clear is announced. Staff and client's can re-enter the building.
☐	☐	Were all windows shut?
☐	☐	Were all the doors shut?
☐	☐	Were vital documents secured?
☐	☐	Were medications secured?
☐	☐	Was this a total evacuation?
☐	☐	Were all smoke detectors tested and found functional?

Record of Emergency Evacuation Fire Drill

Date:	Name of the Facility:	
Time of Day/Shift:		Total Evacuation Time:
Type of Evacuation: ☐ Scheduled ☐ Unscheduled ☐ Training ☐ Actual Event		
Number of Clients Evacuated:	Number of Clients Not Evacuated:	Reason Clients Were Not Evacuated: _____

Names and Signatures of All Participating Staff

Print Name	Signature	Print Name	Signature

Person Completing Form: (Print) Initial:	Date:

Retain Record for (2) Years

AFTER ACTION REPORT

Describe Problem Observed	Corrective Action to Be Taken	Assigned to Person/Unit	Date to be Completed	Completed	
				Yes	No
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
Person Completing Form: (Print)		Initial:	Date:		