

Fire Drill Report

Note: Notify the fire department before conducting the drill if the fire alarm signal is automatically transmitted to the fire department or to a monitoring company.

Complete this section before conducting the drill. For each question, check ALL the answers that apply.

1. Simulated Situation
<input type="checkbox"/> Fire <input type="checkbox"/> Smoke <input type="checkbox"/> Other (specify): _____
2. Location
<input type="checkbox"/> Kitchen <input type="checkbox"/> Dining <input type="checkbox"/> Lobby <input type="checkbox"/> Office <input type="checkbox"/> Bedroom <input type="checkbox"/> Other: _____
3. Type of Fire
<input type="checkbox"/> Bed <input type="checkbox"/> Wastebasket <input type="checkbox"/> Kitchen Range <input type="checkbox"/> Laundry <input type="checkbox"/> Other: _____
4. Extent of Fire
<input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Explosion <input type="checkbox"/> Electrical <input type="checkbox"/> Paper <input type="checkbox"/> Wood <input type="checkbox"/> Controllable <input type="checkbox"/> Other: _____
5. Extent of Smoke
<input type="checkbox"/> Noxious <input type="checkbox"/> Whole Room <input type="checkbox"/> Corridor <input type="checkbox"/> Heavy <input type="checkbox"/> Light <input type="checkbox"/> Smoldering <input type="checkbox"/> Other: _____
6. Exits Used in Relation to Simulated Situations
<input type="checkbox"/> Front Door <input type="checkbox"/> Back Door <input type="checkbox"/> Side Door <input type="checkbox"/> Garage Door <input type="checkbox"/> Window <input type="checkbox"/> Other: _____
7. Rally Point Used (Fill in the blank. For example, in front of neighbor Smith's house, street sign, etc.)

Complete this section after conducting the drill. Explain any "No" answer in the Comments/Problems section below.

1. Did the staff use proper judgment? Yes No
2. What action(s) were taken during the fire drill? _____
3. Was the fire department called? Yes No
4. What time was the fire department called? a.m. _____ p.m. _____
5. Were residents in halls removed to an area of safety? Yes No
6. Were all halls, corridors and other means of egress maintained clear and free of obstructions? Yes No
7. Were all corridor doors closed? Yes No
8. Who responded to the fire drill and with what equipment? _____
9. Did the staff monitor the exits? Yes No
10. Was the building evacuated? Yes No
11. Did facility staff or the fire department extinguish any fire? Yes No
12. Who sounded the "all clear" and at what time? _____ a.m. _____ p.m. _____
13. Was the emergency plan executed correctly? Yes No
14. Did the staff carry out their responsibilities? Yes No
15. Did the staff in different areas or wings: (Check all that apply and describe any problems in the Comments/Problems section below.)

<input type="checkbox"/> Hear the fire alarm?	<input type="checkbox"/> Follow proper procedures?	<input type="checkbox"/> Stand by until "all clear" given?
<input type="checkbox"/> Respond promptly to the fire alarm?	<input type="checkbox"/> Return to their proper stations?	<input type="checkbox"/> Hear the "all clear" announcement?
<input type="checkbox"/> Follow procedures calmly, smoothly and efficiently?		

Comments/Problems: _____

Names of Participants: _____

Report Completed By:	Title:	Date Drill Conducted:	Time:	Shift:
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Note: Keep this completed form in the facility and present it to the surveyor at the time of the inspection.