MONTHLY FIRE DRILL REPORT

Date of Fire Drill: _____ Shift(s) Involved (check all that apply) __ 1st __ 2nd __ 3rd

Time Drill Conducted* _____ Location of Fire: _____

ALARM PERFORMANCE

How/Why was the fire alarm sounded: ___ Manual Pull ___ Sprinkler System ___ Actual Fire** ___ Power Outage

How was the drill initiated: ___ Fire alarm pull station ___ Smoke alarm

List specific location of fire alarm pull station/smoke alarm used: _____

If a drill, what technique was used to represent/indicate fire (e.g., red cloth, sign, etc..)? _____

Drill Type: ___ Audible Alarm ___ Coded/Silent Alarm

(Note: If alarm not audibly tested during drill, the alarm must be sounded at another time during the month.)

Date Alarm Audibly Tested (If not tested during drill): ___/___/___ Did all staff hear the alarm?: ___ Yes ___ No

Did all fire emergency equipment function properly (fire doors, smoke dampers, etc): ___ Yes ___ No

Did auto dispatch notification function correctly: ___ Yes ___ No What time did dispatch receive alarm: _____

PERSONNEL PERFORMANCE (R.A.C.E.)

RESCUE

Were all the residents & visitors evacuated from the fire zone (i.e., *were all areas secured*): ____ Yes ____ No

Was there a proper/systematic search conducted: ____Yes ____No

Did staff account for all residents: ____ Yes ____ No

ALARM

Who activated the alarm: _____

Was the alarm properly activated: ____ Yes ____ No

Did staff call the fire department: ____ *Yes* ____ *No* ____ *N/A (Drill Only)*

Was the alarm reset: ____ Yes ____ No ____ N/A (Coded Alarm)

CONTAINMENT

Did staff close resident room doors: ____ Yes ____ No

Were corridor doors unobstructed: ____ Yes ____ No

Did all corridor doors latch properly: ____ Yes ____ No

EXTINGUISHMENT/EVACUATION

Were proper fire extinguishers taken to fire area: ____ Yes ____ No

Did staff simulate using a fire extinguisher: ____ Yes ____ No

Did Staff stay with evacuation residents: : ____ Yes ____ No ____ N/A (Residents not evacuated)

If a "large" fire, were evacuation plans as outlined in "Fire Evacuation Procedure" followed: ____ Yes ____ No ____ N/A

How long did it take to secure/evacuate all areas: _____ minutes

COMMENTS/SCENARIO:

Signature of Person Supervising Drill: _____ Title: _____

*A coded announcement may be used between 9 P.M. & 6 A.M. instead of audible alarms.

**If an actual fire, use official state forms and report all details of the fire

MONTHLY FIRE DRILL SIGNATURE SHEET

DATE OF FIRE DRILL: _____/_____/_____

Participating Employee Signatures:	Title: