

Partners in Recovery

Fire/Evacuation Drill

Drill Date:	Drill Time:
Drill Location:	

List all participating departments:

Staff member(s) responsibilities during the drill:

Did all occupants evacuate the building? Yes No

If no, note room numbers and reason why:

Did occupants assemble in designated evacuation area? Yes No

Please rate the overall effectiveness of the drill:

Speed of Evacuation Good Fair Poor

Effectiveness of Procedures Good Fair Poor

Communication during Drill Good Fair Poor

Total time required to evacuate building: Minutes Seconds

Additional comments or recommendations for improvement:

Time "All Clear" given:	Staff member signature, title, date:
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*Fire drills must be completed every third month for each shift