

Fire Drills

Name: _____

Address: _____

Date: _____ **Time:** _____ **AM** _____ **PM** _____

Was the individual asleep or awake? _____

Amount of time needed to evacuate the building: _____

How was the fire drill conducted? (Smoke Detector, Verbal, Accidental, Etc...)

Exits used and by whom:

Please indicate which exit was blocked: (for the drill)

Individuals present: _____

Person conducting the drill: _____

Fire alarm/smoke detector checked: _____

Water temp: _____ **TAP:** _____

ADDITIONAL COMMENTS: _____

A minimum of two annual drills are required, one of which shall be conducted during sleeping hours.