

Annual Fire Drill

Date of report:		Completed by:	
Date of drill:		Time:	
Building/Floors/Departments/Personnel who participated:			
Was an alarm sounded for the drill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Which areas of the facility were affected?			
Was an evacuation of these areas completed?	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
If an evacuation was not completed, explain why?			
Effectiveness of the drill:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Personnel responses:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Occupant/visitor responses:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Personnel familiar with duties:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Effectiveness of procedures:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Speed of evacuation:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Communication during drill:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Personnel familiar with protection system:	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	
Emergency Manager:		Date:	