

Fire Drill Report

Date: _____ Time: _____

Report Completed by: _____

Business Name: _____

Address: _____

| Pre-Fire Drill Procedures | Yes | No |
|--|--------------------------|--------------------------|
| Local Fire Department (non-emergency line (858) 756-3006) contacted? | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Alarm Monitoring Company contacted (if there is a fire alarm)? | <input type="checkbox"/> | <input type="checkbox"/> |

| During the Fire Drill | Yes | No |
|--|--------------------------|--------------------------|
| Were individuals closing the doors upon exiting rooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were individuals remaining calm and proceeding towards the nearest exit? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were individuals assembling at the designated meeting point? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did staff ensure the safe evacuation of all individuals and wear appropriate identification (ex. red hat)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were all individuals accounted for? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were exits guarded to prevent re-entry into the building? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were individuals given the clear notification to re-enter the building? | <input type="checkbox"/> | <input type="checkbox"/> |

| Post-Fire Drill Procedures | Yes | No |
|--|--------------------------|--------------------------|
| Local Fire Department (non-emergency line (858) 756-3006) contacted? | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Alarm Monitoring company contacted after fire drill (if there is a fire alarm)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the fire alarm system back to normal operating condition (if applicable)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Total evacuation time: _____ (min/sec) | | |

Comments/Recommendations: _____
