



Fire Drill - Report Form

DRILL INFORMATION

Building name:

Building address:

Building height:

Monitoring Company:

Date:

Time:

Drill #:

Fire Safety Director:

DRILL PARTICIPANTS

List staff participants names and duty, if applicable:

Total # Building Occupants:

Total # Building Occupants who participated:

Was a Fire Safety Briefing delivered to participants prior to drill? ☐ Yes ☐ No

POST DRILL REVIEW

Were all residents able to hear the fire alarm?

Were any residents unable to follow instructions/unsure what to do?

Were all residents able to evacuate using stairs?

Did residents know where the common meeting area is?

Did residents with special requirements have comments/concerns?

Did staff know their roles/functions?

FINAL STEPS

- ✓ **Has the fire alarm been reset with no trouble signals active?**
- ✓ **Has the monitoring company been notified that the drill is complete?**
- ✓ **Save Fire Drill Report in the Fire Safety Plan Binder.**

NOTES