FIRE EVENT OR DRILL EVALUATION REPORT

Date of Event / Drill _____ ☐ Actual Fire
☐ Fire Drill

Location of Fire / Zone:_____

1. Origin of Alarm: ( ) Pull Station ( ) Verbal Notification
( ) Overhead Alarm Other: _____

2. Did the person who found the fire respond appropriately? [ ] Yes [ ] No

3. Did the staff members implement RACE? [ ] Yes [ ] No
(Rescue, Alarm, Close doors, and Evacuate)

4. Was the Fire Alarm transmitted to the Fire Department? [ ] Yes [ ] No

5. Were all doors closed? [ ] Yes [ ] No

6. Were all hallways cleared? [ ] Yes [ ] No

7. Did staff evacuate the facility and meet at the designated site? [ ] Yes [ ] No

8. Were all staff and visitors accounted for after the evacuation? [ ] Yes [ ] No

Recommendations for improvement:

Participants:

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Completed by: _____ Date: _____