Fire Drill Record

BASIC DRILL INFORMATION

DATE	TIME	SHIFT	WEEK	BUILDING	FLOOR	DEPARTMENT	ROOM NAME/NUMBER

1. DRILL SITE EVALUATION   OBSERVER:

Scenario

Alarm Functions
- Audible/Visual Alarms Activated ☐ Yes ☐ No ☐ NA ☐ Work Order
- Fire Doors Closed ☐ Yes ☐ No ☐ NA ☐ Work Order
- PA Alert Audible ☐ Yes ☐ No ☐ NA ☐ Work Order

Staff Actions: **Observer Comments to "No"**

Remove those in immediate danger ☐ Yes ☐ No

Activate Fire Alarm Pull Station ☐ Yes ☐ No
     Call _____ ☐ Yes ☐ No
Close All Doors in Area ☐ Yes ☐ No

Extinguish Fire if Small & Trained ☐ Yes ☐ No
    Evac Prep by Clearing Halls ☐ Yes ☐ No

Code Red Team Actions: **Observer Comments to "No"**
Assessed Dept Containment/Clearing ☐ Yes ☐ No
Secured Fire Site Perimeter ☐ Yes ☐ No
Extinguished Fire (PASS) ☐ Yes ☐ No
Assessed Fire Situation ☐ Yes ☐ No

Participants:
Department: Qty_____; Names of Key Persons:

Code Red Team: Qty from Plant Op_____; Qty from Transport_____

Evaluation: Provided immediate feedback to manager on any improvements needed by the staff

2. ADJACENT AREA EVALUATION   **OBSERVER:**

LOCATION:

Alarm Functions
- Audible/Visual Alarms Activated ☐ Yes ☐ No ☐ NA ☐ Work Order
- Fire Doors Closed ☐ Yes ☐ No ☐ NA ☐ Work Order
- PA Alert Audible ☐ Yes ☐ No ☐ NA ☐ Work Order

Staff Action: **Observer Comments to "No"**
- Reacted to Alarms ☐ Yes ☐ No
- Closed Room Doors ☐ Yes ☐ No
- Reviewed Hosp & Dept Fire Plan ☐ Yes ☐ No
- Remove Corridor Obstructions ☐ Yes ☐ No
- Located Pt Transport Devices ☐ Yes ☐ No
- Assigned Evac Duties ☐ Yes ☐ No
- Remain Alert for Evac Orders ☐ Yes ☐ No

Participants:
Department: Qty_____; Names of Key Persons:

Evaluation:

3. REMOTE AREA EVALUATION   **Observer:**

LOCATION:

Alarm Functions
- Audible/Visual Alarms Activated ☐ Yes ☐ No ☐ NA ☐ Work Order
- Fire Doors Closed ☐ Yes ☐ No ☐ NA ☐ Work Order
- PA Alert Audible ☐ Yes ☐ No ☐ NA ☐ Work Order

Staff Actions: **Observer Comments to "No"**
- Reacted to PA Notification ☐ Yes ☐ No
- Reviewed Hosp & Dept Fire Plan ☐ Yes ☐ No
- Remain Alert for Evac Orders ☐ Yes ☐ No

Participants:
Department: Qty_____; Names of Key Persons:

Evaluation: