



**FIRE DRILL REPORT**

Date: \_\_\_\_\_

Time of Fire Drill: \_\_\_\_\_ Evacuation Time: \_\_\_\_\_

Number of Children Present: \_\_\_\_\_ Weather Condition: \_\_\_\_\_

Names of Staff Present:

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Smoke Detector was activated. (Note: All fire drill alarms shall be sounded by activation of smoke detector.)	Yes	No
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Did alarm test function properly?	Yes	No
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Did all occupants of the building participate?	Yes	No
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Did all children gather at the designated location outside the home regardless of which exits were used?	Yes	No
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Summary of fire drill procedure:

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List any unsatisfactory actions that should be corrected in future fire drill procedures:

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Report

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*(Fire drills shall be conducted monthly. Documentation for the past twelve months shall be maintained .)*