FIRE DRILL REPORT

Date:______________ Type:________________ Facility:______________ Location:_________________________

(General, Actual, ALSM, Other)

Time:______________ Shift Covered:________________ Scenario:__________________________

Is Fire Drill: Announced?____ Unannounced?_____ Day of Week: M T W Th F S S

Evaluation Of Staff Knowledge

1. Did all persons participating in the drill demonstrate knowledge of the health system fire plan (R.A.C.E.), and able to correctly answer fire safety questions? Yes____ No____ N/A____ Score:

2. Did staff adequately demonstrate rescue techniques of any patients, staff or visitors in harms way of fire? Yes____ No____ N/A____

3. Did staff activate the nearest fire alarm pull station? Yes____ No____ N/A____

4. Did staff call the emergency telephone number? Yes____ No____ N/A____

5. Did staff close all doors in the area where drill was conducted? Yes____ No____ N/A____

6. Did staff locate, and carry fire extinguishers to source of “fire”? Yes____ No____ N/A____

7. Did staff demonstrate knowledge on use of fire extinguisher (P.A.S.S.)? Yes____ No____ N/A____

8. Did staff evacuate fire victim to exit discharge, or next smoke compartment? Yes____ No____ N/A____

9. Did staff follow department specific responsibilities? Yes____ No____ N/A____

10. Where hallways cleared of any clutter that would impede evacuation? Yes____ No____ N/A____

11. Did staff demonstrate knowledge of location of medical gas valves? Yes____ No____ N/A____

12. Did staff know which valve controlled which type of medical gas? Yes____ No____ N/A____

Evaluation of Emergency Equipment

1. Did the fire alarm chime or horn operate clearly in this area? (Chime Code:________) Yes____ No____ N/A____

2. Did the fire alarm strobe lights operate properly in this area? Yes____ No____ N/A____

3. Did the automatic smoke compartment doors close completely? Yes____ No____ N/A____

4. Did the telephone operator page fire location on overhead system? Yes____ No____ N/A____

5. Were all the fire extinguishers unobstructed and available for use? Yes____ No____ N/A____

Response Team: Engineering:_______ Security:_______ Clinical:_______ Number of Fire Extinguishers:_______

Deficiencies, Observations and Recommendations: Correct Answers:_________ Incorrect Answers:_________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Follow-up Reports and Corrective Measures (A score of less than 80 requires a remedial action plan.):

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_________________________________________________________________________________________________

Persons Conducting Drill:___________________________ Send Copy To:_________________________________

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