

**COMMUNITY HOME**  
**FIRE DRILL AND/OR EQUIPMENT INSPECTION REPORT**

Circle one: **SLEEP** or **AWAKE**

A fire drill and inspection of the equipment must be completed monthly. The monitor of the drill or person inspecting equipment must complete this report and record the date on the Fire Drill/Equipment Inspection Record.

**DRILL**

1. Program Site Address: \_\_\_\_\_
2. Fire Drill Date: M T W Th F Sa Su Date: \_\_\_\_\_ Time: \_\_\_\_\_AM/PM
3. Theoretical Location of Fire: \_\_\_\_\_
4. Name of Participants - Staff/Consumers and others  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Evacuation Time was: \_\_\_\_\_ minutes \_\_\_\_\_ seconds
6. Indicate with an "X" following the names above, any person who did not evacuate the program site in 2 ½ minutes. Why?  
\_\_\_\_\_  
\_\_\_\_\_

**INSPECTION**

7. Equipment Inspection/Test date: \_\_\_\_\_
8. List all equipment Inspected/Tested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Indicate with an "X" following equipment listed above not in operational condition. Call Supervisory Personnel Immediately.

10. Exit Route Used: \_\_\_\_\_

11. Designated Meeting Place was: \_\_\_\_\_

12. Fire Alarm or smoke detector was set off: \_\_\_\_\_

13. Was a Fire Drill conducted within the past 6 months during sleeping hours? \_\_\_\_\_

14. Problems Encountered: \_\_\_\_\_

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15. Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_