

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 4 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.

