

FIRE/EVACUATION DRILL REPORT

School Name:			Date of Drill:			Name:			
Method Used For Initiating Evacuation:		Manual Activation Of Alarm At The Fire Alarm Pull Station							
		Other Specify →							
Time Of Initial Alarm:				Time When The Last Person Exited The Building:					
Could the alarm be heard in all locations?		<input type="checkbox"/> Yes <input type="checkbox"/> No Specify →							
Were difficulties encountered when conducting area searches?		<input type="checkbox"/> Yes Specify → <input type="checkbox"/> No							
Were all occupants accounted for?		<input type="checkbox"/> Yes <input type="checkbox"/> No Specify who/why →							
List the corrective Actions to be Adopted as a Result of this Evacuation Drill:									
Actions:				Person Responsible			Deadline		
Other Comments:				Signature:				Date:	
				After each evacuation drill: <ul style="list-style-type: none"> Keep a copy at the school Be able to provide a copy of all drills to the fire inspector when requested. Send a copy of the fire drill report to the Divisional Safety Officer. 					