

Fire Drill Report Form

Date:

Facility:

Time Initiated:

Evacuation
Time:

Time
Completed:

Number of staff involved in the drill:
Number of visitors involved in the drill:

(Tick as applicable)

1. Everyone reported to assigned areas and performed assigned duties.
2. Occupants/Staff exited using the nearest exit
3. Occupants/Staff responded and reported to Evacuation Assembly point
4. Assistance has been provided to vulnerable persons
5. All personnel have been accounted for
6. The alarm was audible throughout the area
7. There was no premature re-entry

Yes	No	N/A
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]

Include additional remarks about the drill.

Emergency Controller:	<input type="text"/>
Signature:	<input type="text"/>

Drill conducted by:	<input type="text"/>
Signature:	<input type="text"/>