

Fire Drill Checklist

DATE:		TIME DRILL STARTED:		TIME DRILL ENDED:	
BUILDING:				FLOOR:	

COMMUNICATIONS		
Was the fire alarm clearly heard in all areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the public address system clearly heard in all areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the Fire Department notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was Security notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EVACUATION TEAM PERSONNEL		
Did team members report to respective stations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did team members carry out all assigned duties (floor search, head count)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were elevators brought to the main floor and held?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CONTAINMENT OF FIRE		
Were all doors closed but not locked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a fire extinguisher taken to the location of the fire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
EVACUATION		
Were corridors and exits kept clear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the evacuation proceed in a smooth and orderly manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did visitors to the building take part in the drill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UTILITIES		
Were electric and gas appliances turned off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were lights left on?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the ventilating system shut down?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RECORDS		
Were important documents and cash secured or prepared for removal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SIGNATURE OF FLOOR WARDEN OR OBSERVER	DATE

This report is to be completed immediately after each FIRE DRILL and a copy sent to the Life Safety Coordinator. Explain all "No" answers along with any comments, problems encountered, and recommendations on an additional sheet.