



Fire Drill Report

Facility Name: _____

Address: _____

Date: _____ Time: _____ Shift: _____
(24 Hour Clock)

Person conducting the drill: _____
(Name & Title)

Fire Alarm Activation Method: _____
(Between 9:00 p.m. and 6:00 a.m.: A coded announcement can be used instead of audible alarms)

Drill location and simulated conditions: _____

(Bedridden patients shall not be required to be moved during drill *MSFC 408.6.1*)

Unusual Conditions: _____
(weather , remodeling, temporary exits)

Number of occupants evacuated: _____ Total Time of Drill: _____

Fire alarm system reset?: _____ Sprinkler System restored?: _____

Critique: _____

Fire alarm system tested: _____ Verified by: _____

Monitoring company received signal at: _____ Verified by: _____
(24 hour clock)

