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 Compliance Monitoring Division  
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 Fire Marshal Division  
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Fire Drill Report for ICF-MR Facilities

► See Separate Sheet for Instructions

1. Facility Name		2. Facility Address			
3. Condition (Circle One) Drill    Actual    Fire*	4. Date of Drill	5. Day of Week (Circle One) S    M    T    W    Th    F    Sa		6. Time of Drill _____ <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m.	
7. Designate Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		8. Location of Fire			
9. Yes    No					
<input type="checkbox"/> <input type="checkbox"/> A. Was a pull station used? If yes, which one? _____					
<input type="checkbox"/> <input type="checkbox"/> B. Was the audible alarm sounding/visual alarm flashing?					
<input type="checkbox"/> <input type="checkbox"/> C. Was the alarm audible/visual in all required areas?					
<input type="checkbox"/> <input type="checkbox"/> D. Was the fire department called? If yes, what time? _____					
<input type="checkbox"/> <input type="checkbox"/> E. Was the building totally evacuated? If yes, how long did it take? _____ seconds					
10. Staff on Duty (Print) _____ _____ _____			11. Evaluation of Staff Performance		
12. Drill Evaluation (Identify client by initials and independently of each other.)					

13. Fire Alarm System Test Results Date of Test _____ <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (Explain)	14. Name of Person Conducting Test (Print)
	Title
	Signature

<p><b>TIME OF EVACUATION FOR EACH CLIENT</b></p> <p>Prompt (less than 90 seconds) = No Entry                  Slow (greater than 90 seconds) = ✓                  Very Slow (greater than 150 seconds) = ✓✓</p>	<p><b>STAFF INTERVENTION CODE</b></p> <p>0 = Not in Facility                  1 = Independent                  2 = Verbal Prompt (Includes Gestures)                  3 = Physical Prompt (Touch)                  4 = Physical Assistance - 1 Staff                  5 = Physical Assistance - 2 Staff                  6 = Refuses to Leave</p>
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15. Client's Name	16. Time See Above.	17. Fire Drill Response	18. Blocked Exit Response	19. Stays at Location	20. Comments and Evaluation

21. Name of Person Conducting the Drill (Print)	22. Name of Person Reviewing This Report
Title	Title
Signature	Signature

**Instructions for Fire Drill Report**  
For ICF-MR Facilities  
(HE-01442-01/PS-06113-01, 7/93)

- ▶ Please print.
  - ▶ Retain this form in your records for two years.
  - ▶ These instructions are numbered to match the boxes on the form.
1. Self explanatory.
  2. Self explanatory.
  3. Self explanatory.
  4. Self explanatory.
  5. Self explanatory.
  6. Enter the exact time of the drill.
  7. Indicate the shift during which the drill occurred. Drills must be conducted with only the number of staff assigned to the designed shift.
  8. Describe the specific location of the simulated or actual fire.
  9. Self explanatory.
  10. Print the name of all direct care staff on duty at the time of the drill. Clerical and maintenance staff, i.e., secretaries, bookkeepers, etc. need not be listed.
  11. Describe the satisfactory or unsatisfactory performance of facility direct care staff during the drill. Use additional sheets of paper as necessary.
  12. Describe any unique behavior by the resident(s) not covered in boxes 17-20. Use additional sheets of paper as necessary.
  13. Enter date of test and indicate system performance. Verify that all system sounding devices are operational by activating one of the system appliances, i.e., a pull station or smoke detector.
  14. Print the name and title of the person who conducted the fire alarm system test. This person's signature is required.
  15. Print the name of all residents who were present during the drill.
  16. Enter appropriate code for the time it took each resident to evacuate.
  17. Enter appropriate staff intervention code. (Use numbers only). Any intervention by staff from time that the alarm is sounded until the client arrives at the meeting location is recorded here.
  18. Enter appropriate staff intervention code. (Use numbers only). This skill is evaluated apart from any other skills. Does the client recognize a blocked exit; is the client then able to choose an alternate exit?
  19. Enter appropriate staff intervention code. (Use numbers only). This skill is evaluated only after the client arrives at the meeting location. If the client fails to arrive at this location, record that in box #17.
  20. Enter comments deemed appropriate by staff conducting the drill.
  21. Print the name and title of the person who conducted the drill. If this was an actual fire, indicate the name and title of the person completing the form. For either condition (drill or actual fire) this person's signature is required.
  22. Print name and title of person reviewing the completed form. This review is for completeness of the form. This review should be conducted within a reasonable time following the drill or actual fire. The person's signature is required.

**NOTE: Fire drills must be conducted one time per shift per quarter.**  
**Each client is required to be tested in all emergency skills at least four (4) times per year.**

## **Fire Drill Report Form for ICR/MR Facilities**

The Minnesota Departments of Health and Public Safety have developed a Fire Drill Report for ICF/MF Facilities. This form contains the information needed by both Departments in conducting the annual recertification survey. In addition, this same information is used in determining the current Evacuation Difficulty Index (E-score) for those facilities not classified Impractical. A copy of this form and instructions for completing it are attached. **The use of this form is voluntary.**

### **Impractical Facilities:**

Impractical facilities are not assigned an E-score. Therefore, the information provided by the form would be used only for the recertification survey.

### **Prompt and Slow Facilities:**

The information provided by the form would be used in determining the facility's current E-score and in the recertification survey.

If the facility chooses to use this form, please retain the attached copy as a master; the form may be copied as needed.

If you have any questions regarding the use of this form, please contact either (MDH) Mr. James P. Loveland, P.E., Program Manager, Engineering Services Section at (651) 201-3710 or (DPS) Mr. Patrick Sheehan, Supervisor, Deputy State Fire Marshal at (651) 201-7205.