

# Fire Preparedness Plan

 **EVALUATION FOR FIRE DRILL COMPLIANCE TRAINING**

Date of drill: \_\_\_\_\_

Person conducting the drill: \_\_\_\_\_

Site: \_\_\_\_\_

Time Started: \_\_\_\_\_ am/pm      Time Ended: \_\_\_\_\_ am/pm

Time it took to evacuate to designated area: \_\_\_\_\_

Weather conditions outside during the drill: \_\_\_\_\_

Items of concern: \_\_\_\_\_

- Did employees gather at the designated safe spot?       Yes     No
- Was the building completely empty following the drill?       Yes     No
- Did the employees close office doors behind them?       Yes     No
- Are employees taking the quickest routes?       Yes     No
- Did the communication system function as needed?       Yes     No

Corrective actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRE-DRILL**

Fire alarm activation method       Audible Alarm     Overhead Page  
Notified monitoring center prior to drill       Yes     No

**POST-DRILL**

Fire alarm system reset       Yes     No  
Sprinkler system restored (event of fire only)       Yes     No

\_\_\_\_\_  
Name of person completing form      Date

Submit to The Safety & Compliance Manager upon completion