Fire Preparedness Plan

SCS
S.C. SWIDERSKI LLC

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

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