

# 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?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Was the building completely empty following the drill? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did the employees close office doors behind them?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are employees taking the quickest routes?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did the communication system function as needed?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

### PRE-DRILL

Fire alarm activation method	<input type="checkbox"/> Audible Alarm	<input type="checkbox"/> Overhead Page
Notified monitoring center prior to drill	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### POST-DRILL

Fire alarm system reset	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sprinkler system restored (event of fire only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

\_\_\_\_\_  
Date

Submit to The Safety & Compliance Manager upon completion