

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