

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