



The purpose of a fire drill is to practice the swift removal of all building occupants to a safe area of refuge.

BEFORE THE DRILL

1. Remember that all exits are to be unlocked and unobstructed.
2. Designate specific staff members to be responsible for the planning and scheduling of fire drills.
3. Designate a safe area at least 50 feet from the building. This area should be safe from dangers of fire, fire department operations, and public vehicles.

CONDUCTING THE DRILL – Keep it as real as possible

- *Conduct drills on different days of the week and at different times of day
- *Use the fire alarm system to initiate the fire drill
- *Remember to use a different initiating device each month
- *Don't announce the drills ahead of time
- *All occupants must participate (Exceptions for healthcare occupancies)
- *Utilize scenarios to gain staff participation
- *If any fire alarm equipment is found to be inoperable during the drill, it should be repaired immediately
- *After it is verified that a successful evacuation has taken place, the building may be occupied

SCHOOLS

- A fire drill must be held each month that school is in session. For schools with separate morning and afternoon sessions of kindergarten or preschool, monthly drills need to be conducted for each session.
- After the alarm sounds, students should proceed in an organized manner to their area of safety using a designated evacuation route. Staff should account for the children upon reaching the safe area.
- After the evacuation, faculty and staff should verify that all occupants have evacuated. Restrooms and other closed areas should be checked out by sight and voice.

HEALTHCARE

- A fire drill must be held once per shift per quarter. A silent drill may be conducted between the hours of 9:00PM and 6:00AM, a coded announcement may be used instead of the audible alarm.
- Once the fire emergency is discovered, the basic response of staff shall include the removal of all residents directly involved with the fire, provide notification to other building occupants, close all doors to try and confine the fire, and the relocation of residents to another protected area
- After the evacuation, faculty and staff should verify that all occupants have evacuated. Restrooms and other closed areas should be checked out by sight and voice.

DOCUMENTING THE DRILL

- *Completely fill out the form (Several different forms are provided below)
- *Each building must have its own separate drill record, count of participants, and evacuation time.
- *Keep completed yearly records for at least three years.

FIRE DRILL RECORD- GENERAL

Facility Name	Year(s) of drills
Address	Responsible Party Name and Title
City, State, Zip	Facility/License #
Phone	Fax

MONTH	DATE OF DRILL	TIME OF DAY	TIME FOR EVACUATION	NUMBER OF OCCUPANTS	RESPONSIBLE PARTY NAME
January					
February					
March					
April					
May					
June					
July					
August					
Septembe					
October					
Novembe					
Decembe					

POST IN A CONSPICUOUS LOCATION

When ALL REQUIRED DRILLS have been conducted, maintain the original or a copy of the drill record IN YOUR FILES ONLY for a period not less than 5 years for future reference and verification by the

Office of the State Fire Marshal.

FIRE DRILL RECORD- SCHOOLS

SCHOOL DISTRICT	USD# (WHEN APPLICABLE)	BUILDING NAME	CITY	TELEPHONE

FIRE DRILLS

<i>Month</i>	<i>Date of Drill</i>	<i>Time of Day Drill Conducted</i>	<i>Evacuation Time</i>	<i>Number of Occupants (Students & staff & guests actually participating in the drill)</i>	<i>Manual Pull Station or Smoke Detector or Automatic Sprinkler Valve</i>	<i>Official's Signature/ Title</i>
<i>August</i>						
<i>September</i>						
<i>October</i>						
<i>November</i>						
<i>December</i>						
<i>January</i>						
<i>February</i>						
<i>March</i>						
<i>April</i>						
<i>May</i>						
<i>June</i>						
<i>July</i>						

TORNADO DRILLS

<i>Month</i>	<i>Date of Drill</i>	<i>Time of Day Drill Conducted</i>	<i>Evacuation Time</i>	<i>Number of Occupants (Students & staff & guests actually participating in the drill)</i>	<i>Notification method</i>	<i>Official's Signature/ Title</i>

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and for verification by the Office of the State Fire Marshal.

Office of the State Fire Marshal – Fire Prevention Division

FIRE DRILL RECORD – HEALTHCARE

Date of Fire Drill: _____ Shift(s) Involved 1st 2nd 3rd
(Check all that apply)

Time Conducted: _____ Location of Fire: _____

ALARM PERFORMANCE

How was the drill initiated: Manual Pull Sprinkler Smoke alarm Power Out

List specific location of unit activated: _____

Drill Type: Audible alarm Coded/Silent alarm

Did all staff hear the alarm? Yes No

Did all fire emergency equipment function properly
(fire doors, smoke dampers, etc.) Yes No

Did auto dispatch notification function correctly? Yes No

What time did dispatch receive alarm? _____

PERSONNEL PERFORMANCE (R.A.C.E)

RESCUE

Were all residents & visitors evacuated from the fire zone? Yes No

Was there a proper/systematic search conducted? Yes No

Did staff account for all residents? Yes No

ALARM

Who activated the alarm? _____

Was the alarm properly activated? Yes No

Did staff call the fire department? Yes No

Was the alarm reset? Yes No

CONTAINMENT

Did staff close resident room doors? Yes No

Were corridor doors unobstructed? Yes No

Did all corridor doors latch properly? Yes No

EXTINGUISHMENT/EVACUATION

Were proper fire extinguishers taken to fire area? Yes No

Did staff simulate using fire extinguisher? Yes No

Did staff stay with evacuation residents? Yes No

Was facility evacuation procedures followed? Yes No

How long did it take to secure/evacuate all areas _____

Scenario: _____

Drill supervisor: _____

Title: _____

