

SPECIAL NOTE: IF YOUR FIRE ALARM SYSTEM IS MONITORED, PLEASE CHECK WITH YOUR FIRE ALARM COMPANY BEFORE INITIATING ANY DRILL.

Date of Report:	Completed By:	
Date of Drill:	Time:	
Buildings/Floors/Departments/Personnel who participated:		
Was an alarm sounded for the drill?	Yes	No
Which areas of the facility were affected?		
Was an evacuation of these areas completed?	Yes	No
If an evacuation was not completed, explain why.		
Effectiveness of the Drill	Satisfactory	Unsatisfactory
1. Personnel response		
2. Occupant/visitor response		
3. Personnel familiar with duties		
4. Effectiveness of procedures		
5. Speed of Evacuation		
6. Communication during drill		
7. Personnel familiarity with protection systems		
Emergency Manager:	Date:	