

FIRE DRILL EVALUATION FORM

Date: _____ Announced Unannounced (check one)

Time to complete drill (minutes): _____

Staff learned of simulated fire by: _____

Name of person discovering "Fire Flag" or simulated problem: _____

Mark Y, N or N/A

- ___ Was fire signal (Code Red) audible to all employees and patients?
- ___ Were employees aware of the location of the closest fire alarm pull station?
- ___ Were patients evacuated promptly, safely and without undue panic?
- ___ Did all employees perform their assigned responsibilities (e.g., shut off medical gas canisters in use, check restrooms, close doors and windows, call roll after evacuation)?
- ___ Was the posted evacuation route used?
- ___ Did staff meet at the designated assembly site outside the office?
- ___ Was the evacuation route adequate?
- ___ Was the fire department alerted (in fact or in simulation)?
- ___ Were the office doors and windows closed?
- ___ Were attempts made to contain or extinguish the fire versus evacuating the building? Was this the right decision? _____
- ___ If employees attempted to extinguish the fire, did they use the proper technique? (PASS)
- ___ Were fire extinguishers in the correct locations, charged and in working order?
- ___ Did a staff member meet and direct the emergency response team?
- ___ Were patient records isolated or protected?
- ___ Were "wounded" patients and staff members adequately triaged?
- ___ Did the staff act as a "team"?

Comments/Critique: _____

Recommendations: _____

OSHA Safety Officer: _____