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: __________________________________________________________

____________________________________________________________________________

Recommended: __________________________________________________________________

____________________________________________________________________________

OSHA Safety Officer: ____________________________________________________________

Form 5-A
(Added 09/03)