EMERGENCY/FIRE DRILL CHECKLIST

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DRILL INFORMATION

Name of Building/Facility:			
Building/Facility Address:			
Location of Drill (Specific floor/wing/etc.):			
Date of Drill:			
Time Drill Initiated			
Time All Occupants Vacated:		Elapsed Time:	
Drill Monitor Name:		Title/Position:	
Weather: Cold / Warm / Hot:		TEMP:	
WINDS: Calm / Breezy / Windy			
PRECIP: Sunny / Cloudy / Rain / Snow / Sleet			
Time All Occupants Vacated:			
Date of Drill:			

SR	ACTIVITY NAME	YES	NO	NA	REMARKS
PRE-DRILL ASSESSMENT					
1.	Evacuation routes posted.	☐	☐	☐	
2.	Evacuation signs are in good condition.	☐	☐	☐	
3.	Exits are marked.	☐	☐	☐	
4.	Exit signs are properly illuminated.	☐	☐	☐	
5.	Exit doors operating properly.	☐	☐	☐	
6.	Egress routes are free of obstructions.	☐	☐	☐	
7.	Egress routes are properly lighted.	☐	☐	☐	
8.	Evacuation routes posted.	☐	☐	☐	
COMMUNICATION					
1.	Method of Drill Activation:	☐	☐	☐	
2.	Alarm Activation PA System.	☐	☐	☐	
3.	In-House Word of Mouth.	☐	☐	☐	
4.	Other:	☐	☐	☐	
5.	Drill preannounced.	☐	☐	☐	

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6.	Fire department present for drill Alarm monitoring company notified Security notified.	☐	☐	☐	
FIRE CONTAINMENT					
1.	Doors and windows are closed.	☐	☐	☐	
2.	Rooms are checked before closing doors.	☐	☐	☐	
3.	Doors are left unlocked.	☐	☐	☐	
4.	Fire extinguisher taken to the location of fire door hold-open devices operated appropriately.	☐	☐	☐	
5.	Electro-magnetic locks operated appropriately.	☐	☐	☐	
6.	The public address system is heard in all areas.	☐	☐	☐	
EVACUATION					
1.	All occupants participated and evacuated Restrooms were checked for occupants.	☐	☐	☐	
2.	The evacuation was orderly.	☐	☐	☐	
3.	Visitors were escorted and accounted for.	☐	☐	☐	
4.	Special needs persons are accommodated.	☐	☐	☐	
5.	Elevators were used during the evacuation.	☐	☐	☐	
6.	The overall response of occupants.	☐	☐	☐	
7.	Satisfactory Unsatisfactory.	☐	☐	☐	
8.	Noise level of evacuation.	☐	☐	☐	
9.	Satisfactory Unsatisfactory.	☐	☐	☐	
10.	The number of occupants evacuated.	☐	☐	☐	
11.	***Visitors:*** ___Staff: ___Tenants: _____ Total: _____	☐	☐	☐	
UTILITIES					
1.	Electrical appliances were turned off.	☐	☐	☐	
2.	Lights were turned off	☐	☐	☐	
3.	HVAC units were shut down	☐	☐	☐	
PLAN					
1.	Evacuation performed according to plan	☐	☐	☐	

2.	Occupants met at designated meeting places according to the plan	☐	☐	☐	
3.	Designated meeting place(s) located at safe distances from the building	☐	☐	☐	
4.	The fire drill/incident response team(s) responded according to the plan	☐	☐	☐	
5.	Fire drill/incident response team(s) accomplished assigned duties essentially and appropriately	☐	☐	☐	
6.	Fire department “mock” notified as per the plan	☐	☐	☐	
FIRE ALARM SYSTEMS					
1.	Fire alarm heard in all areas monitoring company received the alarm	☐	☐	☐	

CHECKED BY: _____

REVIEWED BY: _____