



Fire Drill/Incident Report Evaluation Form

Fire drills are conducted one per shift per quarter in patient occupancy areas and every 12 months in business occupancy areas. At least 50% of drills must be unannounced. The completed form is kept on file by the Safety Officer.

Division:	Facility:
Building:	Location/Area:

Drill Information:	
Coordinator Name:	Date of Drill:
Drill Start Time:	Drill End Time:
Number of Personnel on Scene:	Number of Patients on Scene:
Drill Method: <input type="checkbox"/> Live <input type="checkbox"/> Simulated	Drill Type: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Shift: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Type of Incident: <input type="checkbox"/> Fire Report <input type="checkbox"/> Fire Drill <input type="checkbox"/> False Alarm	
Alarm Initiation Method: <input type="checkbox"/> Pull Station <input type="checkbox"/> Verbal Announcement <input type="checkbox"/> Smoke Head/Sensor	
Emergency Response Contacted (911): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Weather Conditions:	

Type/cause of fire (or drill scenario):

Problems encountered, injuries, or damage



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Evaluation of Performance:	YES	NO	N/A
A clear announcement was communicated via the paging system and/or 2-way radio.			
All staff, visitors and/or patients were removed from immediate danger.			
All rooms were checked and cleared of patients, staff, and visitors.			
All doors were closed to contain the spread of fire and smoke.			
Staff, visitors, and patients were directed/escorted as needed to external evacuation site.			
Everyone evacuated to either the designated external or internal evacuation site.			
A fire extinguisher was deployed to area of fire in order to safely attempt fire suppression.			
Communication was established and maintained with appropriate personnel.			
Patients, staff or visitors with special medical needs were assisted as needed.			
Staff recognized & properly executed assigned areas of responsibility (as applicable).			
All staff present in building responded to fire incident or fire drill.			
An "All Clear" announcement was made when appropriate.			
All equipment was accounted for and returned to proper location; i.e. radios, extinguishers.			
Issues identified during the fire drill were discussed with/communicated to staff.			

Evaluation Completed by:	Date:
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Note: Unmet performance measures require Evaluator or Supervisor to complete this section:

Opportunities for Improvement Identified or Corrective Actions Taken:	
<input type="checkbox"/> Address Issues with staff on shift	<input type="checkbox"/> Retrain All Staff
<input type="checkbox"/> Remove fire hazard from area	<input type="checkbox"/> Initiate Fire Safety Education
<input type="checkbox"/> Review/revise written plan	<input type="checkbox"/> None needed
<input type="checkbox"/> Other:	

Supervisor:	Date:
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