

FIRE DRILL FORM (to be completed monthly)

Timeframe midnight-6am
6am-noon
noon-6pm
6pm-midnight

Foster Home: _____

Date of Fire Drill _____ Time of Fire Drill _____

Outside meeting place: _____

Length of time elapsed from moment of alarm until all areas were clear: _____

Persons involved in evacuation: _____

Did everyone evacuate the home? If no, please explain _____

Location of obstruction/barrier (i.e. blocking exit doorway, blocking hallway): _____

Did any concerns or problems occur during fire drill? If yes, how will you correct situation:

Person conducting fire drill: _____

LifeStart Casemanager: _____