



EVERGREEN
SERVICE PROVIDERS

Fire Drill – Emergency Drill

Individual's Name: _____ Date: _____

Staff participating in drill: _____

Type of drill: Fire: Other:

Location of simulated fire: _____

Alarm system working properly? Yes: No:

If no, what was the problem? _____

Were all Individuals assembled? Yes: No:

If no, what was the problem? _____

Length of time for exiting the home: _____ Min./Sec. _____

Please describe route and prompts used for exiting: _____

Signature of staff conducting drill: _____

Reviewed by: _____

Date: _____