



Date/Time of Drill

Building Name/Address

Evacuation Director

IMPORTANT
 Do not activate the alarm on your own!
 Fire drill alarm activation must be done by Environmental Health & Safety or Facilities Services.

Evacuation wardens/staff reported to assigned areas and performed duties. YES NO If NO, which floors or areas did not: _____

Evacuation Wardens/Staff reported the following to the evacuation director or building administrator/coordinator:

1. Occupants/staff exited using the nearest exit	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Occupants/staff responded and reported to Evacuation Assembly Point	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Persons with disabilities are accounted for	<input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Visitors and students were properly directed	<input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Accounted for missing personnel	<input type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. The alarm was audible throughout the area	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. No premature reentry	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Observations (Includes notes that will help improve response, performance, and management of future evacuation drills)

FORM COMPLETED BY

 Evacuation Director or Building Administrator/Coordinator or designated employee