



School Fire Drill Checklist

SCHOOL: _____

ADDRESS: _____

TELEPHONE #: _____ PRINCIPAL: _____

DATE OF FIRE DRILL: _____ TIME OF ALARM ACTIVATION: _____

- Where was the fire alarm activated? pull station on wall fire alarm panel
- Fire doors close automatically when the alarm sounded? Yes No
- Was the fire alarm audible throughout the building? Yes No

EVALUATION CRITERIA		
	Yes	No
Alarm company notified <u>before</u> drill	<input type="radio"/>	<input type="radio"/>
Fire Dispatch notified <u>before</u> drill Phone:	<input type="radio"/>	<input type="radio"/>
Doors to classroom etc. were closed	<input type="radio"/>	<input type="radio"/>
Participants evacuated to a safe distance	<input type="radio"/>	<input type="radio"/>
Participants met at pre-designated meeting place	<input type="radio"/>	<input type="radio"/>
Assigned duties carried out effectively by staff	<input type="radio"/>	<input type="radio"/>
All staff and students accounted for outside	<input type="radio"/>	<input type="radio"/>
Participants waited for "All Clear" signal	<input type="radio"/>	<input type="radio"/>
Drill was conducted orderly	<input type="radio"/>	<input type="radio"/>
Drill was conducted promptly	<input type="radio"/>	<input type="radio"/>
Alarm company notified <u>after</u> drill	<input type="radio"/>	<input type="radio"/>
Fire Dispatch notified <u>after</u> drill Phone:	<input type="radio"/>	<input type="radio"/>

Time taken to complete drill: _____

Comments: _____

Principal's signature: _____

Send to _____ Fire Department Fax#: _____