

Foster Home Fire Evacuation Drill Record (Keep in separate binder with facility records. Do NOT post)

DATE (mo/day/year)	TIME (include a.m. or p.m.)	SITE of Simulated Fire	Exit ROUTE (back door, front door, meeting place, etc.)	FULL NAMES of all individuals & care providers (1 person per line, individual times checked)	Exit Time: Check							TYPE* of Assist Needed <small>I=Independent; V = Verbal; PA = Physical Assist</small>	COMMENTS (progress, problems, etc.)	SIGNATURE of Staff/Operator Conducting Drill	Smoke & CO Detectors Checked Monthly <i>(Initial & date when checked)</i>	
					1/2 minute	1 minute	1.5 minutes	2 minutes	2.5 minutes	3 minutes	3+ (FAIL)					
																Jan
																Date:
																Feb
																Date:
																Mar
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