Foster Home Fire Evacuation Drill Record

KEEP THIS RECORD IN SEPARATE BINDER WITH OTHER FACILITY RECORDS.

DO NOT POST ON PUBLIC BULLETIN BOARD (contains confidential information).

Date	Time	Site of simulated Fire	Full Names of ALL on premises (Residents, family & staff, 1 name per line with individual time checked).	In	divi	idu	al E	xit	Tir	ne	Person needed	Exit ROUTE Used	Comments	Staff Signature
				1/2 min	1 min	1 ½ min	2 min	2.5 min	3 min	3+ (FAIL)	prompt, assist? I=Indepen- dent; V=Verbal; PA= Physical Assist		(Must list exit route, progress, problems, etc.)	

Suggestion: To use this form for several months, draw horizontal line between Fire Drill events.

MONTHLY "CO" & Smoke Detector/Battery Checks: (CO detectors NEW 9/13!)

Day	Month	Yr	Result	Day	Month	Yr	Result

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

	TIME	SITE of	Exit	FULL NAMES of	1	Exit Time: Check TYPE* COMMEN							COMMENTS	SIGNATURE	Smoke &
DATE (mo/day /year)		Simulated Fire	ROUTE (back door, front door, meeting place, etc.)	all individuals & care providers (1 person per line, individual times checked)	1/2 minute		1.5 minutes			3 minutes	3+ (FAIL)	of Assist Needed I=Independt; V = Verbal; PA = Physical Assist	(progress,	of Staff/Operator Conducting Drill	CO Detectors Checked Monthly (<u>Initial & date</u> when checked)
															Jan
															Date:
															Feb Date:
															Mar Date:
															Apr Date:
															May Date:
															Jun Date:
															Jul Date:
															Aug Date:
															Sept Date:
															Oct Date:
															Nov Date:
															Dec Date: