

FIRE DRILL LOG

Name	of Facility			
Addre	SS			
Telepl	none #	Date of Drill		
Start Time of Drill End Time of Dri		End Time of Drill		
Weath	er Conditions			
Name	of person notifying the fire alarm monitoring	company		
Name	of person notifying the Bureau of Fire Preven	tion		
Name	of dispatcher contacted at beginning of fire dr	ill		
Name	of dispatcher contacted at conclusion of fire d	rill		
Name	of employee activating fire alarm			
Method of activating the fire alarm (check one) Smoke Ala		moke Alarm	Pull Station	1
0	Did employee know the location of the fire a	larm?	Yes	No
0	Did all occupants evacuate to the exterior of (If no, please explain)	the building?	Yes	No
0	Were all areas of the building checked for oc	cupants?	Yes	No
0	Did all employees participate in the fire drill (If no, please explain)	?	Yes	No
0	Did employees identify a second means of eg	gress?	Yes	No
0	Did employees respond with a fire extinguish	ner?	Yes	No
0	Did employee know how to use the fire extin (If applicable)	iguisher?	Yes	No