

BEACON OF HOPE FOSTER CARE AGENCY, INC

FIRE DRILL EVACUATION DRILL

Drill Date: \_\_\_\_\_

Drill Time: \_\_\_\_\_

Drill Location: \_\_\_\_\_

Type of Drill: \_\_\_Planned \_\_\_Unplanned

List All

Participants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scenario or special circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Did all occupants evacuate the building? \_\_\_Yes \_\_\_No

If no, please explain and documents a corrective plan of action.

\_\_\_\_\_  
\_\_\_\_\_

Did occupants assemble in designated areas? \_\_\_Yes \_\_\_No

Please rate the overall effected of the drill:

Speed of evacuation Good\_\_\_ Fair\_\_\_ Poor\_\_\_

Effective of procedures Good\_\_\_ Fair\_\_\_ Poor\_\_\_

Communication and management Good\_\_\_ Fair\_\_\_ Poor\_\_\_

Time to evacuate premises: \_\_\_Minutes \_\_\_Seconds

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Foster Parent (s) \_\_\_\_\_

CPMS/Case Manager \_\_\_\_\_