

# School Fire Drill Checklist

SCHOOL NAME: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ PRINCIPAL: \_\_\_\_\_

DATE OF FIRE DRILL: \_\_\_\_\_ TIME OF ALARM ACTIVATION: \_\_\_\_\_

From where was the alarm activated?     pull station on wall                       fire alarm panel

Did the fire doors close automatically when the alarm sounded?     Yes     No

Was the fire alarm audible throughout the building?                       Yes     No

### EVALUATION CRITERIA (Please Circle Yes or No)

Drill was conducted orderly	Yes	No
Drill was conducted promptly	Yes	No
Fire Rescue Service & Alarm Company were notified	Yes	No
Doors to classroom etc. were closed	Yes	No
Participants evacuated to a safe distance	Yes	No
Participants met at pre-designated meeting place	Yes	No
Assigned duties carried out effectively by staff	Yes	No
All staff and students accounted for outside	Yes	No
Participants waited for "All Clear" signal	Yes	No

TIME TAKEN TO COMPLETE THE FIRE DRILL: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Fax to: