



## FIRE AND DISASTER DRILL

Date

Location

Printed Name of Resident

## Fire Drill

Day

Night

*(Must alternate from previous drill)*

Time Conducted

How long did it take to evacuate and be in the designated area?

Emergency Systems operating as intended? (Smoke, Sprinkler)

**YES**

**NO**

**Disaster Drill** *(Choose scenario from Disaster Policy)*

If **NO**, submit a **WORK ORDER**

Time Conducted

*(This time has to be different than the time listed for the fire drill above)*

*Describe the Scenario*

*Describe the Evacuation or Safety Plan Used*

E-Signature of Company Staff Member