



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?

Disaster Drill *(Choose scenario from Disaster Policy)*

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