

FIRE AND DISASTER DRILL

Date	
Location	
Printed Name	of Resident
Fire Drill	
Day Night	(Check One)
Time Conducted	
	te and be in the designated area?
Thow long did it take to evacual	e and be in the designated area:
Disaster Drill	
Time Conducted	
Describe the Scenario	
Describe the Evacuation or Safety Plan Used	
Signature of Company Officer	