

**St. Clair County Community Mental Health
Fire Drill Log and Evaluation**

Home Name:		Agency (RMHA):		Home Manager Name:	
Date:	Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Weather: <input type="checkbox"/> warm <input type="checkbox"/> cold <input type="checkbox"/> rain <input type="checkbox"/> snow <input type="checkbox"/> ice <input type="checkbox"/> windy			
Type of drill: <input type="checkbox"/> staff surprised drill <input type="checkbox"/> staff notified in advance drill <input type="checkbox"/> other					
Type of alarm: <input type="checkbox"/> smoke detector <input type="checkbox"/> pull station <input type="checkbox"/> control panel <input type="checkbox"/> actual fire or smoke <input type="checkbox"/> other					

Residents			
Name:	start place/exit used:	Name:	start place/exit used:

What each staff did

Length of time to last person out of the door:	Name of destination:
Evaluation	

Proper exit(s) used Exterior door(s) open easily Evacuation route(s) clear Outside lighting adequate Staff had keys in possession Staff took phone and emergency kits Alarm system reset "all clear" procedure used	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	Comments and/or actions:
--	--	--------------------------

Name of person completing log:	Overall fire drill evaluation: <input type="checkbox"/> Excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor Evaluated and approved by supervisor:
---------------------------------------	--