School Fire Drill Checklist

SCHOOL NAME: _____

ADDRESS: _____

TELEPHONE #: _____ **PRINCIPAL:** _____

DATE OF FIRE DRILL: _____ **TIME OF ALARM ACTIVATION:** _____

Where was the fire 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)		
Alarm company notified before drill	**Yes**	**No**
Fire Dispatch notified before drill (Phone:)	**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**
Drill was conducted orderly	**Yes**	**No**
Drill was conducted promptly	**Yes**	**No**
Alarm company notified after drill	**Yes**	**No**
Fire Dispatch notified after drill (Phone:)	**Yes**	**No**

Time Taken to Complete the Fire Drill: _____

Comments: _____

_____

_____

_____

Principal's Signature: _____

Send to < > Fire Department **Fax# < >**