

Fire Drill Report Form

Environmental Health & Safety Department

EOSMS-500-1 Effective Date: 03/14/2022 FORM_EHS_01 Page 1 of 2

Purpose									
		ted in accorda							
		n system. Reco	rds must	be maintaine	ed for revi	ew upon requ	uest, mii	nimum 1 year	
Facility Inf	ormation			Drill D	ata				
Building	g		and Ti						
	□ Kennesaw								
Campus	□ Marietta			Building Address					
	Other								
Drill Coo	rdinator								
Departments									
Involved									
Drill Requested By									
Simulation Conditions									
	of Alarm								
	nitiated								
Simulated Fire Drill							5	No	N/A
Fire department, alarm company, and dispatch notified before initiation.									
Fire alarm system functioned properly?									
Residents removed?									
Resident room doors closed and latched?									
Residents moved to safe area of refuge?									
Coded "PA" announcement initiated to identify location of fire?									
Backup 911 call initiated (simulated)?									
Staff outside of the fire area responded and assumed duties in accordance with fire evacuation plan?									
Fire and smoke barrier doors closed?									
Exit corridors cleared of all equipment and obstructions?									
Fire alarm system reset back in service.									
Verified by (insert name)									
Sprinkler system in service.									
Verified by (insert name) Fire departments and dispatch notified of completion of drill?									
Est. Number									
of Occupan Evacuate	ts	Time of A	Alarm vation		Time Eva Bega			Time Evac Completed	

Critique/Lessons Learned/Follow Up Actions							
Fire and Life Drill Coordinator Signature		Date/Time					