

MONTHLY FIRE DRILL REPORT

NAME OF FOSTER HOME: _____

SPRINKLER: YES NO

DATE OF DRILL: _____ TIME OF DRILL: _____

EXIT USED: _____

TYPE OF ALARM USED (I.E.; SMOKE DETECTOR, BELL, ETC.): _____

TIME REQUIRED TO EVACUATE THE BUILDING:

| | <u>RESIDENT</u> | <u>TIME REQUIRED</u> | <u>CAREGIVER</u> |
|----|-----------------|----------------------|------------------|
| 1. | _____ | ___ MIN. ___ SEC. | _____ |
| 2. | _____ | ___ MIN. ___ SEC. | _____ |

RECOMMENDATION: All residents should be evacuated in 2 minutes or less.

EVALUATION (SUMMARIZE PROCEDURE, PROBLEMS, CONCERNS, IF ANY):

SIGNATURE OF FOSTER PARENT

DATE