FIRE AND SAFETY DRILL REPORT

DEPARTMENT AREA _____ DATE _____

INSTRUCTIONS: This report is to be completed immediately after each drill, by the supervisor in charge of each shift. Please return this form to the hospital engineer's office after the drill is over.

ANSWER IN BLOCK UNDER SHIFT: YES or NO

WAS ALARM HEARD _____ TIME _____

	1st SHIFT	2ND SHIFT	3rd SHIFT
DID EMPLOYEES RESPOND QUICKLY AND REPORT TO ASSIGNED STATION			
WAS SOMEONE STATIONED NEAR PHONE AND LINE OPENED TO SWITCHBOARD			
ALL WINDOWS AND DOORS CLOSED			
EXTINGUISHER AVAILABLE AND READY FOR USE			
ALL EXITS CLEAR			
HALLS CLEAR OF VISITORS			
ELEVATOR USED			
ALL CLEAR CODE HEARD			

COMMENTS: _____

_____

PARTICIPANTS: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____