

FIRE DRILL MONITORING FORM

House/Building address: _____

Date of fire drill: _____

Time of fire drill: _____

Staff conducting fire drill: _____

Tenants present at fire drill (list names below or attach separate checklist):

Did all tenants evacuate the house/building during the fire drill? Yes No

If No, which tenants remained in the house/building?

Evacuation time for all tenants/staff to exit house/building: _____ minutes

Was the fire alarm manually activated for the fire drill? Yes No

Are there tenants living in the house/building that require assistance (due to mobility issues, visual impairment, etc.) Yes No

If yes, please describe what assistance is required by which tenants:

Other remarks or notes:

