

Fire/Evacuation Drill

Observer's Report

Instructions: Please forward completed report form to the Building Safety Log,

Drill Date:	Drill Time:
Drill Location:	
Type of Drill <input type="checkbox"/> Planned <input type="checkbox"/> Alarm	

How many staff and clients participated in the drill:

Scenario or special circumstances:

Observers responsible for the drill:

Was alarm heard throughout the building? Yes ____ No ____

Were all alarm devices operating correctly? Yes ____ No ____

If no, note locations where alarms devices did not operate properly.

Did all occupants evacuate the building? Yes ____ No ____

If no, note individuals involved

Did occupants assemble in designated areas? Yes ____ No ____

Please rate the overall effectiveness of the drill:

Speed of Evacuation Good ____ Fair ____ Poor ____

Effectiveness of Procedures Good ____ Fair ____ Poor ____

Communication during Drill Good ____ Fair ____ Poor ____

Total time required to evacuate building: _____ Minutes _____ Seconds

Additional comments:

Time "All Clear" given:	Alarm system reset by:
Observer report completed by:	

Thank you for participating in today's drill.

**Tornado Drill
Observer's Report**

Instructions: Please forward completed report form to the Building Safety Log.

Drill Date:	Drill Time:
Drill Location:	

How many staff and clients participated in the drill: _____ Clients _____ Staff

Scenario or special circumstances:

Observers responsible for the drill:

Is weather radio working?:

Did occupants assemble in designated areas? Yes _____ No _____

Please rate the overall effectiveness of the drill:

Speed of drill	Good _____	Fair _____	Poor _____
Effectiveness of procedures	Good _____	Fair _____	Poor _____
Communication during drill	Good _____	Fair _____	Poor _____

Total time required to gather in designated area: _____ Minutes _____ Seconds

Additional comments:

Observer report completed by:
