

Department of Developmental Services Fire and Emergency Services Evacuation Score Survey Form

FACILITY INFORMATION

<i>Facility Information</i>	<i>Provider Agency Information</i>
<Facility Name>	<Provider Name>
<Address>	<Address>
<Street>	<Street>
<Town>	<Town>
<Zip>	<Zip>
< Contact Name>	< Contact Name>
<Contact Phone>	<Contact Phone>
Facilities Current E-Score:	DDS Region :

RESULTS OF LAST TWELVE FIRE EXIT DRILLS

Date	Time	Shift	Number of Staff participating	Number of Residents participating	Number of Residents in Facility	Duration (in Minutes)

FACILITY SURVEY

1. How many floors (where occupants normally are) in this building?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More: ____
2. Are there bedrooms that are one floor above or below floor with exit to the outside ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any bedrooms two or more floors from floor with exit to the outside ground level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there steps from the building to grade without a landing or porch greater than 32-sq. ft. in size?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How many staff are assigned to third shift?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More: ____
6. Are any allowed to Sleep? Check # "Yes"	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More: ____
7. A protection plan has been promulgated and all staff members have been trained ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. The total available staff, at any given time, is able to handle the individual evacuation needs of each resident who is in the facility ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. All third shift staff members are required to be in the facility when on duty and can meaningfully participate in assisting evacuation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is there a sprinkler system in this building ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does this facility have fire doors that separate living areas from the sleeping areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Do these doors automatically close on alarm ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Do all residents sleep in designated bedrooms with doors to the corridor or rest of the home ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are all staff and residents totally evacuated during ALL fire drills ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. If not, has the fire marshal provided written approval of evacuation to an interior Point of Safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Does this facility provide transient respite care ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many beds ? _____ Are any individuals listed in this form respite ? _____	

To the best of my knowledge, the information that is provided in this survey is accurate and complete. Any changes will be reported to DDS as soon as possible.

Survey Completed by : _____ **(Please sign) Date:** _____

RESIDENT INFORMATION for _____ **(Facility Name)**

Department of Developmental Services Fire and Emergency Services Evacuation Score Survey Form

Resident Name: / (COMPLETE FIRST & LAST NAME) / (DDS #)			Remarks: (WHEELCHAIR, WALKER, ETC..)	
I. Risk of Resistance (CHECK ONE ONLY)	Minimal Risk of Resistance <input type="checkbox"/> SCORE = 0	Risk of Mild Resistance <input type="checkbox"/> SCORE = 6	Risk of Strong Resistance <input type="checkbox"/> SCORE = 20	
II. Impaired Mobility (CHECK ONE ONLY)	Self Starting <input type="checkbox"/> SCORE = 0	Slow <input type="checkbox"/> SCORE = 3	Needs Limited Assistance <input type="checkbox"/> SCORE = 6	Needs Full Assistance or very slow <input type="checkbox"/> SCORE = 20
III. Impaired Consciousness (CHECK ONE ONLY)	No Significant Risk <input type="checkbox"/> SCORE = 0	Partially Impaired <input type="checkbox"/> SCORE = 6	Totally Impaired <input type="checkbox"/> SCORE = 20	
IV. Need for Extra Help (CHECK ONE ONLY)	Needs at Most One Staff <input type="checkbox"/> SCORE = 0	Needs Limited Assistance from 2 staff <input type="checkbox"/> SCORE = 30	Needs Full Assistance from 2 staff <input type="checkbox"/> SCORE = 40	
V. Response to Instructions (CHECK ONE ONLY)	Follows Instructions <input type="checkbox"/> SCORE = 1	Requires Supervision <input type="checkbox"/> SCORE = 3	Requires Considerable Attention/ Might not Respond <input type="checkbox"/> SCORE = 10	
VI. Waking Response to Alarm (CHECK ONE ONLY)	Response Probable <input type="checkbox"/> SCORE = 0	Response Not Probable <input type="checkbox"/> SCORE = 6		
VII. Response to Fire Drills (Without Guidance from Staff)	Initiates and Completes Evacuation Promptly		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 8
	Chooses and Completes Back-up Strategy		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 4
	Remains at Designated Location		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 6

Resident Name: / (COMPLETE FIRST & LAST NAME) / (DDS #)			Remarks: (WHEELCHAIR, WALKER, ETC..)	
I. Risk of Resistance (CHECK ONE ONLY)	Minimal Risk of Resistance <input type="checkbox"/> SCORE = 0	Risk of Mild Resistance <input type="checkbox"/> SCORE = 6	Risk of Strong Resistance <input type="checkbox"/> SCORE = 20	
II. Impaired Mobility (CHECK ONE ONLY)	Self Starting <input type="checkbox"/> SCORE = 0	Slow <input type="checkbox"/> SCORE = 3	Needs Limited Assistance <input type="checkbox"/> SCORE = 6	Needs Full Assistance or very slow <input type="checkbox"/> SCORE = 20
III. Impaired Consciousness (CHECK ONE ONLY)	No Significant Risk <input type="checkbox"/> SCORE = 0	Partially Impaired <input type="checkbox"/> SCORE = 6	Totally Impaired <input type="checkbox"/> SCORE = 20	
IV. Need for Extra Help (CHECK ONE ONLY)	Needs at Most One Staff <input type="checkbox"/> SCORE = 0	Needs Limited Assistance from 2 staff <input type="checkbox"/> SCORE = 30	Needs Full Assistance from 2 staff <input type="checkbox"/> SCORE = 40	
V. Response to Instructions (CHECK ONE ONLY)	Follows Instructions <input type="checkbox"/> SCORE = 1	Requires Supervision <input type="checkbox"/> SCORE = 3	Requires Considerable Attention/ Might not Respond <input type="checkbox"/> SCORE = 10	
VI. Waking Response to Alarm (CHECK ONE ONLY)	Response Probable <input type="checkbox"/> SCORE = 0	Response Not Probable <input type="checkbox"/> SCORE = 6		
VII. Response to Fire Drills (Without Guidance from Staff)	Initiates and Completes Evacuation Promptly		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 8
	Chooses and Completes Back-up Strategy		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 4
	Remains at Designated Location		<input type="checkbox"/> YES Score = 0	<input type="checkbox"/> NO Score = 6