

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

## ***FACILITY INFORMATION***

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

## RESULTS OF LAST TWELVE FIRE EXIT DRILLS

## **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 <input type="checkbox"/> N/A
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 ? How many beds ? _____ Are any individuals listed in this form respite ? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*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..)		
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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