

**CONNECTICUT DEPARTMENT OF DEVELOPMENTAL SERVICES
FIRE EVACUATION DRILL REPORT**

FACILITY: _____ **DATE:** _____
AGENCY: _____ **QUARTER:** _____ **SHIFT:** _____

TIME COMMENCED: _____ **AM / PM** **TIME COMPLETED:** _____ **AM/ PM** **TOTAL EVACUATION TIME:**
SIMULATED EMERGENCY AND SITE: _____ **MINUTES**

CHECK & COMPLETE ONE TYPE OF DRILL CONDUCTED:

- SURPRISE FIRE EVACUATION DRILL**
 Drills are used to evaluate what is likely to happen in a real emergency.
- SIMULATED DRILL/ RESIDENTS DO NOT PARTICIPATE**
 Must be "impractical e-score" or "health care" or have written approval from Local or State Fire Marshal
- ACTUAL FIRE OR FIRE ALARM RESPONSE.**
 In the event of an actual fire, fire alarm or perceived fire, a fire evacuation drill report should be completed.

CHECK & COMPLETE WHERE EVACUATED TO:

- TO AN EXTERIOR POINT OF SAFETY**
EGRESS ROUTE /EXIT USED : _____
EXTERIOR MEETING PLACE: _____
- INTERIOR "POINTS OF SAFETY FOR USE IN "STAGED EVACUATIONS"**
 MUST HAVE WRITTEN APPROVAL FROM AUTHORITY HAVING JURISDICTION
EGRESS ROUTE USED: _____
INTERIOR POINT OF SAFETY: _____
- NO EVACUATION (SIMULATED DRILLS ONLY)**
- HORIZONTAL EXITS/DEFEND IN PLACE FOR USE IN HEALTH CARE OCCUPANCIES ONLY**

RESIDENT'S REACTION TO FIRE EVACUATION DRILL:

List all residents at home at the time of the drill, continue on separate page if necessary.
 NOTE: ALL residents must participate, unless facility has a designated "Impractical" Evacuation score, or approved in writing by the A.H.J.

RESIDENTS WERE EVACUATED DURING THIS DRILL: (list names)

NOTE: Any identified occupant problems should be noted in this facility's site specific fire safety plan

Independently	
W/ Verbal assist and prompts	
With total assistance	

STAFF'S REACTION TO FIRE EVACUATION DRILL AND LIST ALL STAFF PRESENT AND PARTICIPATING: (

Are Staff fully trained and did they respond appropriately? _____
 Was Fire Safety Plan Followed? _____ Is it effective ? _____

(Signatures Suggested)

PROBLEMS NOTED DURING THE EVACUATION DRILL:

NOTE: List below any problems identified during drill:

PROBLEM NOTED	CORRECTIVE ACTION	REVIEWED BY:

* PERSON IN CHARGE OF DRILL IS RESPONSIBLE TO FORWARD CONCERNS TO PROPER SUPERVISORS

MONTHLY FIRE SYSTEMS CHECKS (If required by your agency to be done at drill times)

- ALL EMERGENCY LIGHTS CHECKED FIRE ALARM TESTED AND FUNCTIONING ALL EXITS CLEAR
 ALL FIRE EXTINGUISHERS CHECKED ALL FIRE DOORS CLOSED PROPERLY EVACUATION PLAN UPDATED

EVACUATION DRILLS SHALL INCLUDE AT A MINIMUM:

- | | |
|--|--|
| 1. Notify FD or Alarm Company prior to Alarm activation | 4. Appropriate Evacuation to a Designated Safe Area of All Occupants |
| 2. Active the Alarm <TIME STARTS> | 5. An Accountability check for all Occupants <TIME ENDS> |
| 3. Response of ALL staff and residents in the building (Vary use of ALL EXITS - practice of use of windows not required) | 6. Assure alarm system is back in working order. |
- SEE BUILDING'S FIRE SAFETY PLAN FOR FURTHER DETAILS

SIGNATURE OF PERSON CONDUCTING DRILL: _____ SIGNATURE OF PERSON REVIEWING DRILL REPORT: _____

SIGNED _____ DATE _____ SIGNED _____ DATE _____

NOTE: PROVIDE A NARRATIVE SUMMARY OR ADDITIONAL INFORMATION ON SEPARATE PAGE, IF NECESSARY