

DEPT. OF HOMELESS SERVICES – ADULT SHELTER MONTHLY FIRE DRILL EVACUATION REPORT

SHELTER: _____

MONTH: _____

Drill must be conducted by the Fire Safety Coordinator, Fire Safety Director or Fire Marshall with current certificate of fitness. Report each drill held during the month.

	DRILL (8 am – 4 pm)	DRILL (4 pm – 12 am)	DRILL (12 am – 8am)
DATE AND TIME DRILL WAS HELD			
LOCATION OF SIMULATED FIRE			
FLOORS EVACUATED (specify)			
DURATION OF DRILL (# minutes)			
F/S COORDINATOR PRESENT (name)			
CERTIFICATE #			
OBSERVER (name)			
TITLE/ORGANIZATION			

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|---|-----------------------|-----------------------|-----------------------|
| 1. Who participated in the drill? | Clients [] Staff [] | Clients [] Staff [] | Clients [] Staff [] |
| 2. Was the Fire Dept Notified? | Yes [] No [] | Yes [] No [] | Yes [] No [] |
| 3. Was the Command Post manned? | Yes [] No [] | Yes [] No [] | Yes [] No [] |
| 4. Were communications established with designated security/staff on all floors? | Yes [] No [] | Yes [] No [] | Yes [] No [] |
| 5. Did occupants exit to the street?
If not, to which floor? _____ | Yes [] No [] | Yes [] No [] | Yes [] No [] |
| 6. Was the evacuation done efficiently? | Yes [] No [] | Yes [] No [] | Yes [] No [] |
| 7. Was all information relating to fire emergency reported to arriving Fire Dept unit? (known extent of fire, search, etc)? | Yes [] No [] | Yes [] No [] | Yes [] No [] |
| 8. Were elevators sent to 1 st floor and closed down? | Yes [] No [] | Yes [] No [] | Yes [] No [] |
| 9. Was Deputy Fire Safety Coordinator present? | | | |
| 10. Were Fire Guards present and carrying out their duties? | Yes [] No [] | Yes [] No [] | Yes [] No [] |
| 11. Were occupants directed to safe exits as determined by Fire Safety Coordinator? | Yes [] No [] | Yes [] No [] | Yes [] No [] |

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|-----|---|---------------|---------------|---------------|
| 12. | Were searchers used? | Yes []No [] | Yes []No [] | Yes []No [] |
| 13. | Were search results of designated floors reported to Fire Command Post? | Yes []No [] | Yes []No [] | Yes []No [] |
| 14. | Were fire extinguishers available/used during the drill? | Yes []No [] | Yes []No [] | Yes []No [] |
| 15. | Were Fire Response Teams available? | Yes []No [] | Yes []No [] | Yes []No [] |
| 16. | Did the FRT report to (simulated) fire area? | Yes []No [] | Yes []No [] | Yes []No [] |
| 17. | Did the FRT have and use portable fire extinguishers? | Yes []No [] | Yes []No [] | Yes []No [] |
| 18. | Were the FRT members knowledgeable in fire extinguisher use? | Yes []No [] | Yes []No [] | Yes []No [] |
| 19. | Did the FRT members act under direction of a team leader? | Yes []No [] | Yes []No [] | Yes []No [] |
| 20. | Did the FRT members take steps to contain the fire (shut doors, etc)? | Yes []No [] | Yes []No [] | Yes []No [] |
| 21. | Did FRT members relate fire conditions to the Fire Command Post? | Yes []No [] | Yes []No [] | Yes []No [] |
| 22. | Was staff participation satisfactory? | Yes []No [] | Yes []No [] | Yes []No [] |

COMMENTS / CONCERNS (Drill 8 am – 4 pm)_____

_____ FSC Signature_____

COMMENTS / CONCERNS (Drill 4 pm – 12 am)_____

_____ FSC Signature_____

COMMENTS / CONCERNS (Drill 12 am – 8 am)_____

_____ FSC Signature_____

I have reviewed all fire drill reports and find them to be a complete and accurate record of fire drills at this location

SHELTER DIRECTOR / FIRE SAFETY OFFICER_____ DATE_____