



Emergency Drill Report Checklist

Name of person completing form: _____ Date: _____ Time: _____

Location: _____ Number of employees evacuated: _____ Total time of drill: _____

Was the alarm activated? Fire alarm activation method: _____

Drill simulated conditions: _____

Were all employees evacuated successfully?
If not, why? _____

Employees with disabilities evacuated successfully?
If not, why? _____

Did all employees evacuate to the assembly area?
If not, why? _____

Was the evacuation orderly and controlled?
If not, why? _____

Was there premature reentry?
If so, why? _____

Evacuation passage clear?

Exit signs fully lit?

Clear access to all fire extinguishers?

Supervisors followed the emergency response plan?

Roll call performed in a timely manner?

Employees exited the building using the nearest exit?

Fire department response time: _____

Police response time: _____

Important issues to be addressed:

Critique:
