

The Community Partnership for the Prevention of Homelessness

Fire Drill Log Form

Please submit this form by the seventh business day of the following month to TCP to report the completion of the required fire drill log for your program. **Both sides of the form must be completed.** This form is not valid unless signed by both the person conducting the drill and the program director/manager. If you have any questions, contact Candyce J. Coates at CCoates@community-partnership.org.

Agency Name: _____ Program Name: _____

Date: _____ Time: _____ Shift: _____

Person Conducting the Drill: _____ Title: _____

Fire Drill Activation Method: _____

Was DC Fire and EMS contacted prior to the drill? (circle one) YES NO

WEATHER ON THE DAY AND TIME OF THE DRILL

Temperature: _____ Conditions: _____

PERSONS EVACUATED

Number of Infants < 1 year	Number of Children 1 – 17 years	Number of Adults >18 Years Older	Number of Persons W/ Disabilities Needing Assistance to Exit	Total Number of Persons Evacuated

Total Time of Drill: _____

Fire Alarm System Reset? Y N Sprinkler System Restored? Y N

Unusual Conditions: _____

Critique: _____

