

# The Community Partnership for the Prevention of Homelessness

## Fire Drill Log Form

Please submit this form by the fifth business day of the following month to [ContractDeliverables@community-partnership.org](mailto:ContractDeliverables@community-partnership.org) 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](mailto: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 Adults	Number of Children	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: \_\_\_\_\_

