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 <u>CCoates@community-partnership.org</u>.

Contract #:					
Shift:					
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	Number of	Number of	Number of Persons W/	Total Number of	
Infants < 1	Children 1 – 17	Adults >18	Disabilities Needing Assistance	Persons Evacuated	
year	years	Years Older	to Exit		
The Community Partnership					
for the Prevention					
	in f	Total Time of	Drill:		
Fire Alarm Sys	tem Reset? Y	Sprinkler System Restored?	Y N		
Unusual Conditions:					
Critique:					

STAFF ON SITE PARTICIPATING IN DRILL

(Use Additional Sheets if Necessary)

Staff Name	Staff Title		
	day in the second s		
The Communi	hy Doutro ana him		
The Communi	ry rannership		
E TL D			
For the P	revention		
Signature of Fire Drill Conductor:	Date:		
of Home	lessness		
Date the report was sent to TCP:			
Printed Name of Program Director/Manager			
Signature of Program Director/Manager:			