

# 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](mailto:CCoates@community-partnership.org).

Agency Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

