



FIRE DRILL REPORT

IMPORTANT: Retain copy. Send original to University Fire Marshal - 252 E. Maxwell Street - 0314 (Off Campus 40506-0314)

1. COLLEGE/FACILITY		2. LOCATION	
3. NAME OF BUILDING AND BUILDING NUMBER		6. BUILDING USE <input type="checkbox"/> Administration <input type="checkbox"/> Dormitory <input type="checkbox"/> Library <input type="checkbox"/> Assembly <input type="checkbox"/> Fraternity <input type="checkbox"/> Maintenance Facility <input type="checkbox"/> Classroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Sorority <input type="checkbox"/> Day Care Center <input type="checkbox"/> Hospital <input type="checkbox"/> Other Specify _____ <input type="checkbox"/> Laboratory	
4. DATE OF THIS DRILL	5. DATE OF LAST DRILL	8. TIME FOR COMPLETE EVACUATION <input type="checkbox"/> Minutes <input type="checkbox"/> Seconds	
7. ALARM SOUNDED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. BY _____  ALARM RESET <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. BY _____		10. WEATHER	
9. ALL OCCUPANTS EVACUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" State Reasons):		11. TEMPERATURE	
12. TYPE DRILL <input type="checkbox"/> Regular <input type="checkbox"/> Blocked Exit <input type="checkbox"/> Night <input type="checkbox"/> Other		13. ALL REGULAR EXITS USED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" State Reasons):	
14. TYPE OF SIGNAL USED	15. CONDITION OF ALARM SYSTEM	16. GENERAL ATTITUDE OR CONDUCT OF EVACUEES	
17. CONDITION OF EXITS AND DOORS (Including Fire Escapes)		18. DIFFICULTIES ENCOUNTERED DURING DRILL	
19. NAME AND TITLE OF PERSON IN CHARGE OF DRILL		20. TELEPHONE #	
21. COMMENTS AND RECOMMENDATIONS			
22. NAME AND TITLE OF PERSON PREPARING THIS REPORT		23. DATE	24. TELEPHONE #