



FIRE EVACUATION DRILL EVALUATION CHECKLIST

Name of Building/Facility: _____

Building/Facility Address: _____

Building/Facility City: _____ Zip Code: _____

Date of Drill: _____

Time Initiated: _____ Time Occupants Vacated: _____ Elapsed Time: _____

Drill Monitor Name: _____ Title/Position: _____

Weather: Temp: Cold/Warm/Hot Winds: Calm/Breezy/Windy Precipitation: Sunny/Cloudy/Rain/Snow/Sleet

PRE-DRILL ASSESSMENT:

- Evacuation routes posted Yes No
- Evacuation signs are in good condition Yes No
- Exits are clearly marked Yes No
- Exit signs are properly illuminated Yes No
- Exit doors are operating properly Yes No
- Egress routes free of obstructions Yes No
- Egress routes properly lighted Yes No

COMMUNICATION:

- Method of Drill Activation:
- Alarm Activation Smoke Detector Activation

- Drill Preannounced Yes No
- Fire Department present for drill Yes No
- Alarm monitoring company notified Yes No
- Security notified Yes No

FIRE CONTAINMENT:

- Doors and windows closed Yes No
- Rooms checked prior to closing doors Yes No
- Doors left unlocked Yes No
- Fire extinguisher taken to location of fire Yes No
- Door hold-open devices operated appropriately Yes No N/A

Notes:

UTILITIES:

- Electrical appliances were turned off Yes No N/A
- Lights were turned off Yes No N/A
- HVAC units were shut down Yes No N/A

PLAN:

- Evacuation performed according to plan Yes No
- Occupants met at designated place per plan Yes No
- Meeting place at safe distance from building Yes No
- Drill/Response Team acted according to plan Yes No
- Fire Dept ("mock") notified according to plan Yes No

FIRE ALARM SYSTEMS:

- Fire alarm clearly heard in all areas Yes No
- Alarm monitoring company received alarm Yes No
- Electromagnetic locks operated appropriately Yes No
- Public Address system heard in all areas Yes No N/A
- Elevators recalled to correct floor Yes No N/A

EVACUATION:

- All occupants participated and evacuated Yes No
- Restrooms checked for occupants Yes No
- Evacuation was orderly Yes No
- Visitors escorted and accounted for Yes No
- Special needs persons accommodated Yes No
- Elevators were used during evacuation Yes No

- Response of occupants Satisfactory Unsatisfactory
- Noise level of evacuation Satisfactory Unsatisfactory

Number of occupants evacuated:

Visitors: _____ Staff: _____ Residents: _____

TOTAL: _____

Any item receiving a "No" or "Unsatisfactory" is an item that the facility should work on to correct.



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FIRE AND EVACUATION DRILL OBJECTIVES

- Evaluate the effectiveness of the occupants abilities to evacuate the building
- Evaluate the effectiveness and adequacy of the written evacuation plan
- Evaluate the occupants’ ability to recognize the fire alarm
- Determine whether the occupants take appropriate actions upon hearing/seeing the fire alarm
- Determine that the occupants begin the evacuation plan in an appropriate manner and/or per the plan
- Evaluate the occupants ability to provide assistance to visitors or individuals who are experiencing difficulty
- Evaluate the occupants ability to recognize and take appropriate actions when a means of egress is unsafe
- Ensure occupants report in a designated meeting place(s)

RECORD KEEPING

The following information is required to be collected during evacuation drills per the International Fire Code:

1. Identity of the person conducting the drill
2. Date and time of the drill
3. Notification method used
4. Employees on duty and participating
5. Number of occupants evacuated
6. Special conditions simulated
7. Problems encountered
8. Weather conditions when occupants evacuated
9. Time required to accomplish complete evacuation

ALARM ACTIVATION

Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.

DRILL TIMES

Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of a fire. All apartment houses, congregate living facilities, sororities, and fraternities are Group R-2.

TABLE 405.2 – Fire and Evacuation Drill Frequency and Participation

Group or Occupancy	Frequency	Participation
Group A	Quarterly	Employees
Group B ^b	Annually	All Occupants
Group B ^{b,c} (Ambulatory care facilities)	Annually	Employees
Group B ^b (Clinic, outpatient)	Annually	Employees
Group E	Monthly ^a	All Occupants
Group F	Annually	Employees
Group I -1	Semiannually on each shift	All Occupants
Group I -2	Quarterly on each shift ^a	Employees
Group I -3	Quarterly on each shift ^a	Employees
Group I -4	Monthly on each shift ^a	All Occupants
Group R -1	Quarterly on each shift	Employees
Group R -2 ^d	Four annually	All Occupants
Group R-4	Semiannually on each shift ^a	All Occupants