

# spectrum | Fire Evacuation Drill

**Client Name:** \_\_\_\_\_

**Residence (address):** \_\_\_\_\_

**Date of drill:** \_\_\_\_\_ **Time of drill:** \_\_\_\_\_ **Time needed to complete evacuation:** \_\_\_\_\_

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CHECK YES OR NO (IF NO MAKE COMMENTS BELOW)

Was the emergency alarm (smoke detector) heard clearly? Yes\_\_No\_\_

Was the fire extinguisher accessible and charged? Yes\_\_No\_\_

Was someone designated to make the emergency call (911)? Yes\_\_No\_\_

Was the evacuation handled in a calm and orderly fashion? Yes\_\_No\_\_

Evacuation completed as outlined in the evacuation plan? Yes\_\_No\_\_

Designated Meeting Area: \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Description of drill:**

Indicate the level of assistance consumer needs to take action in the event of a fire (e.g. Verbal direction, step by step instruction, full physical assist to exit through a window.)

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