

FIRE EVACUATION DRILL EVALUATION FORM

Person(s) Conducting Drill: _____

Drill Date: _____

Drill Start Time: _____ **AM/PM** **Drill Completion Time:** _____ **AM/PM**

Tenant(s) Involved: _____

Floor(s) Evacuated From: _____

Floor(s) Evacuated To: _____

1. Did tenant participate in advanced training or preparation?

Yes _____ **No** _____

2. Does tenant have a roster of personnel, Searchers, Wardens, Exit Monitors and handicapped personnel on file with Security?

Yes _____ **No** _____

3. Does tenant have equipment for evacuation teams, i.e., flashlights, arm bands or hard hats?

Yes _____ **No** _____

4. Did at least 50% of tenants participate in drill?

Yes _____ **No** _____

5. Was the evacuation conducted properly?

Yes _____ **No** _____

6. Were handicapped personnel attended to during the drill?

Yes _____ **No** _____

7. Did Wardens account for all personnel after relocation to the safety floor?

Yes_____ **No**_____

8. Did Searchers and Exit Monitors perform their roles adequately?

Yes_____ **No**_____

9. Did personnel begin evacuation:

a. At the siren_____.

b. At the evacuation message_____.

c. By verbal communication_____.

10. Was the "return to normal operations" conducted in an orderly fashion?

Yes_____ **No**_____

11. Did the alert systems function properly?

Yes_____ **No**_____

Please explain any "NO" answers.

Additional Comments or Recommendations:

Tenant Representative(s):

Fire Safety Director/Assistant: _____