



PECHANGA FIRE DEPARTMENT

Fire Drill Evaluation Checklist

DRILL INFORMATION			
Name of Building/Facility:			
Building/Facility Address:			
Location of Drill (specific floor/wing/etc.):			Date of Drill:
Time Drill Initiated:	Time All Occupants Vacated:		Elapsed Time: Min.
Drill Monitor Name:		Title/Position:	
Weather: TEMP: <input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot	Wind: <input type="checkbox"/> Calm <input type="checkbox"/> Breezy <input type="checkbox"/> Windy	Precipitation: <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet	
PRE DRILL ASSESSMENT		PLAN	
Evacuation routes posted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Evacuation performed according to plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Evacuation signs are in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Occupants met at designated meeting places	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exits are clearly marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Designated meeting place(s) at safe distances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exit signs are properly illuminated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire drill/response team(s) responded per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exit doors operating properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire drill/response team(s) performed per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Egress routes free of obstructions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire department "mock" notified per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Egress routes properly lighted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
COMMUNICATION		FIRE ALARM SYSTEM	
Method of Drill Activation:	<input type="checkbox"/> Alarm Activation <input type="checkbox"/> PA System <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other:	Fire alarm clearly heard in all areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Drill pre-announced	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Public announcements clearly heard in all areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fire department present for drill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Door hold-open devices released properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Alarm monitoring company notified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Elevators recalled to correct floors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Security notified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Alarm monitoring company received alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
EVACUATION		NOTES	
All required participants took part	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Restrooms were checked for occupants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Evacuation was orderly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Visitors escorted and accounted for	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Special needs persons accommodated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Elevators were used during evacuation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Overall response of occupants	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Noise level of evacuation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Number of Occupants Evacuated:	Visitors: Staff: Tenants: TOTAL:		
FIRE CONTAINMENT			
Doors and windows closed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Rooms checked prior to closing doors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Doors left unlocked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Fire extinguisher taken to location of fire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Door hold-open devices operated properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
UTILITIES			
Electrical appliances turned off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Lights turned off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Smoke control/dampers operated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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

