Safety Representative Fire Drill Evaluation Form

Name: ______________________________________________________________
Department: __________________________________________________________
Building: _____________________________________________________________
Date of drill: __________________________________________________________
Time of drill: __________________________________________________________

Does this building have a fire alarm? _________________________________
Intercom system? _________________________________

Could you hear/see the alarm/strobes in your area? _______________________

Did everyone promptly evacuate the building? _____________________________

Did occupants evacuate to the approved meeting location? _________________

How were faculty and staff accounted for? ________________________________
                                                                 _____________
                                                                 _____________

How were students accounted for? _______________________________________
                                                                 _____________
                                                                 _____________

Were plans for the mobility-impaired persons implemented? ________________
                                                                 _____________

Any questions or concerns about the drill? ________________________________
                                                                 _____________
                                                                 _____________
                                                                 _____________
                                                                 _____________
                                                                 _____________

How would you rate your department’s participation in this drill?
_____ Good
_____ Fair
_____ Poor