

**Connecticut Department of Mental Retardation
EVACUATION DRILL REPORT**

FACILITY: _____ **DATE:** _____
AGENCY: _____ **QUARTER:** _____ **SHIFT:** _____

TIME COMMENCED: _____ **AM / PM** **TIME COMPLETED:** _____ **AM/ PM**
SIMULATED EMERGENCY AND SITE: _____

TOTAL EVACUATION TIME:
 _____ **MINUTES**

CHECK & COMPLETE ONE TYPE OF DRILL CONDUCTED:

- SURPRISE FIRE EVACUATION DRILL**
 Drills are used to evaluate what is likely to happen in a real emergency.
- SIMULATED DRILL/ RESIDENTS DO NOT PARTICIPATE**
 Must be "impractical e-score" or "health care" or have written approval from local or state fire marshal
- ACTUAL FIRE OR FIRE ALARM RESPONSE.**
 In the event of an actual fire, fire alarm or perceived fire a fire evacuation drill report should be completed.

CHECK & COMPLETE WHERE EVACUATED TO:

- TO AN EXTERIOR POINT OF SAFETY**
 ESCAPE PATH / EXIT USED : _____
 EXTERIOR MEETING PLACE: _____
- INTERIOR "POINTS OF SAFETY FOR USE IN "STAGED EVACUATIONS"**
 MUST HAVE WRITTEN APPROVAL FROM AUTHORITY HAVING JURISDICTION
 ESCAPE PATH USED: _____
 INTERIOR POINT OF SAFETY: _____
- NO EVACUATION (SIMULATED DRILLS ONLY)**
- HORIZONTAL EXITS / DEFEND IN PLACE FOR USE IN HEALTH CARE OCCUPANCIES ONLY**

RESIDENT'S REACTION TO EVACUATION DRILL:

List all residents at home at the time of the drill, continue on separate page if necessary.

NOTE: ALL residents must participate, unless facility has a designated "Impractical" Evacuation score, or approved in writing by the A.H.J.

RESIDENTS WERE EVACUATED DURING THIS DRILL: (list names)

NOTE: Any identified occupant problems should be noted in this facility's site specific fire safety plan

Independently	
W/ Verbal assist and prompts	
With total assistance	

STAFF'S REACTION TO EVACUATION DRILL AND LIST ALL STAFF PRESENT AND PARTICIPATING: (

Are Staff fully trained and did they respond appropriately ? _____
 Was Fire Safety Plan Followed ? _____ Is it effective ? _____

(Signatures Suggested)

PROBLEMS NOTED DURING THE EVACUATION DRILL:

NOTE: List below any problems identified during drill:

PROBLEM NOTED	CORRECTIVE ACTION	REVIEWED BY:

*** PERSON IN CHARGE OF DRILL IS RESPONSIBLE TO FORWARD CONCERNS TO PROPER SUPERVISORS**

MONTHLY FIRE SYSTEMS CHECKS (If required by your agency to be done at drill times)

- ALL EMERGENCY LIGHTS CHECKED FIRE ALARM TESTED AND FUNCTIONING ALL EXITS CLEAR
 ALL FIRE EXTINGUISHERS CHECKED ALL FIRE DOORS CLOSED PROPERLY EVACUATION PLAN UPDATED

EVACUATION DRILLS SHALL INCLUDE AT A MINIMUM:

- | | |
|--|--|
| 1. Notify FD or Alarm Company prior to Alarm activation | 4. Appropriate Evacuation to a Designated Safe Area of All Occupants |
| 2. Active the Alarm <TIME STARTS> | 5. An Accountability check for all Occupants <TIME ENDS> |
| 3. Response of ALL staff and residents in the building (Vary use of ALL EXITS - practice of use of windows not required) | 6. Assure alarm system is back in working order. |

SEE BUILDING'S FIRE SAFETY PLAN FOR FURTHER DETAILS

SIGNATURE OF PERSON CONDUCTING DRILL:

SIGNATURE OF PERSON REVIEWING DRILL REPORT:

SIGNED

DATE

SIGNED

DATE

NOTE: PROVIDE A NARRATIVE SUMMARY OR ADDITIONAL INFORMATION ON SEPARATE PAGE, IF NECESSARY