

5.1 (D) FIRE DRILL – RECORD FORM

Location of drill (building / site, etc):		
Date:		Time:
Blockage of exits	Type of drill S/E/V	
No of Patients	No of Staff	Others
Discussion with staff Yes/No	Presence of Fire Officer Y / N	Fire alarm satisfactory Y/N
Fire alarm relayed to Fire Service YES /NO	Receipt of call to Fire Service YES/NO	Roll call procedure Satisfactory / unsatisfactory
Fire Fighting equipment used YES /NO	Method of evacuation	NHS FIFE staff present
<u>Observations/Recommendation</u>		
Problems identified	Action to be taken	Date action completed
Signature:		Date
Job title:		