UAB University Hospital
Fire Drill Evaluation Report

Point of Origin
Bldg./Floor/Room: ___________________________ Date: ___________________________

Your location (Bldg./Floor): ___________________________ Day: Mon Tues Wed Thurs Fri Sat Sun

Department/Unit manager: ___________________________ Shift: Day Evening Night

Evaluated by: ___________________________ Time Start: _________ am/pm

Drill or Alarm (smoke det.# _______) Time Terminated: _______ am/pm

Fire drills test staff knowledge of the Fire Plan:

transfer to areas of refuge
1. R - Rescue anyone from immediate danger? Yes No* In-service N/A

2. Location/function of medical gas shut off valves? Yes No In-service N/A

use and functioning of fire alarm

transmission of alarms
3. A - Activate the fire Alarm? Pull stations are always located Yes No* In-service N/A
   at exits and stairwell doors. Report the fire to 4-0001?
   Tell operator exact location of fire?
4. C -Confine the fire? Close door(s) where fire is located? Yes No* In-service N/A
   5. Paged correctly (beepers)? Yes No In-service N/A
   6. Audible Switchboard overhead drill/alarm? Yes No In-service N/A

preparation for building evacuation

7. E - Extinguish or Evacuate Evacuation routes (horizontally)?
   (past double doors to next smoke compartment) Yes No* In-service N/A
   8. Location of stairwells? Yes No In-service N/A
   9. Identified smoke compartments? (double doors) Yes No In-service N/A
   10. Removed obstacles from corridors? Yes No In-service N/A
   11. Informed patients and visitors? Yes No In-service N/A

fire extinguishment

12. Location of extinguishers? Yes No* In-service N/A

   13. Use of Fire Extinguishers? PASS? Yes No In-service N/A

   14. Are there sprinklers on your unit/show me? Yes No In-service N/A

specific fire-response duties

15. Referred to Fire Plan for specific instructions? Yes No In-service N/A
   medical records, secure med cart, equipt., RACE

16. Satisfactory? Yes No

“*” indicates a critical item, Any “No” response to any critical item results in unsatisfactory overall rating.

Point of origin use only

17. Police responded to point of origin? Yes No In-service N/A

18. Maintenance responded? Yes No* In-service N/A

19. Environmental Services responded? Yes No In-service N/A

20. Fire Dept. responded? (if actual alarm) Yes No In-service N/A

21. Above areas to point of origin? ___________________________ Yes No* In-service N/A

22. Same level to point of origin? ___________________________ Yes No* In-service N/A

23. Below areas to point of origin? ___________________________ Yes No In-service N/A

24. Other areas to point of origin? ___________________________ Yes No In-service N/A

Please fax completed form to Hospital Safety at 975-9445

“In-service” indicates necessary corrective action taken

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