## Fire Drill Evaluation Report

**Point of Origin**

<table>
<thead>
<tr>
<th>Bldg/Floor/Room:</th>
<th>Date</th>
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**Your location (Bldg/Floor):**

**Department/Unit Manager:**

**Evaluating by:**

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**Drill or Alarm (Smoke detector #) Time Terminated:**

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**Fire drills test staff knowledge of the Fire Plan:**

- R - Rescue anyone from immediate danger?
  - Yes
  - No*
  - In-service
  - N/A

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

**Use and functioning of fire alarm**

- A - Activate the fire Alarm? Pull stations are always located at exits and stairwell doors. Report the fire to 4-0001?
  - Yes
  - No*
  - In-service
  - N/A

- C - Confine the fire? Close door(s) where fire is located?
  - Yes
  - No*
  - In-service
  - N/A

- Paged correctly (beepers)?
  - Yes
  - No*
  - In-service
  - N/A

- Audible Switchboard overhead drill/alarm?
  - Yes
  - No*
  - In-service
  - N/A

**Preparation for building evacuation**

- E - Extinguish or Evacuate. Evacuation routes (horizontally)?
  - Yes
  - No*
  - In-service
  - N/A

- Location of stairwells?
  - Yes
  - No*
  - In-service
  - N/A

- Identified smoke compartments? (double doors)
  - Yes
  - No*
  - In-service
  - N/A

- Removed obstacles from corridors?
  - Yes
  - No*
  - In-service
  - N/A

- Informed patients and visitors?
  - Yes
  - No*
  - In-service
  - N/A

**Fire extinguishment**

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

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

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

**Specific fire-response duties**

- Referred to Fire Plan for specific instructions?
  - Yes
  - No*
  - In-service
  - N/A

- Medical records, secure med cart, equip., RACE
  - Yes
  - No*
  - In-service
  - N/A

- Satisfactory?
  - Yes
  - No*
  - In-service
  - N/A

* indicates a critical item. Any "No" response to any critical item results in an unsatisfactory overall rating.

**Point of origin use only**

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

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

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

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

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

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

- Below areas to point of origin?
  - Yes
  - No*
  - In-service
  - N/A

- Other areas to point of origin?
  - Yes
  - No*
  - In-service
  - N/A

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Please fax completed form to Hospital Safety at 975-9445

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Fire Drill (Code Red)

STAFF PARTICIPATION FORM

Point of Origin
Bldg/Floor/Room: _________________________________________ Date: ________________________________

Your location (Bldg/Floor): ___________________________________
Department/Unit Manager: ________________________________ Day: Mon Tues Wed Thurs Fri Sat Sun
Shift: Day Evening Night

(PLEASE PRINT NAME CLEARLY)

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