

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 detector # _____): **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 at exits and stairwell doors. Report the fire to 4-0001? | Yes | No* | In-service | N/A |
| 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? medical records, secure med cart, equip., RACE | Yes | No | In-service | N/A |
| 16. Satisfactory? | Yes | No | | |

*** indicates a critical item, Any "No" response to any critical items 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

**Fire Drill (Code Red)
STAFF PARTICIPATION FORM**

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

(PLEASE PRINT NAME CLEARLY)

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