



Fire Drill Response Form

Building: _____

Name: _____

Floor: _____

Date: _____

Time Alarm Sounded ____:____ Time Alarm Silenced ____:____

Did all alarm devices on your floor activate?
(if no, please note approximate location)

Yes No

Length of time to complete evacuation in your area _____

Did everyone in your area evacuate?

Yes No

(if no, please note office or classroom number) _____

Was the evacuation orderly?

Yes No

Were all occupant areas in your area checked?

Yes No

Did everyone move away from building?

Yes No

Did everyone remain at a safe distance until
"All Clear" was sounded?

Yes No

Was the "All Clear" heard by all building occupants?

Yes No

Any addition comments or recommendation on the drills:

Please return completed forms to Engelmann 270