FIRE DRILL LOG FOR IFC

This record is in compliance with Section 22F of the Maryland State Department of Health regulations. This record is to be completed quarterly. A copy of this report must be kept in the home's records.

REPORT FOR:_____
Care Giver's Address

REPORT COMPLETED BY:_____
Print name & position

_____
Signature

DATE OF DRILL:_____ _____
Month/Day/Year Day of Week

CIRCLE SHIFT ON WHICH DRILL WAS HELD: 10 p.m. to 8 a.m. 8 a.m. to 4 p.m. 4 p.m. to 12 a.m.

NUMBER OF FLOORS IN BUILDING:_____ NUMBER OF EXITS PER FLOOR:_____

DESIGNATED MEETING PLACE 100 ft. FROM BUILDING:_____

_____

NUMBER OF CLIENTS PARTICIPATING IN DRILL:_____ NUMBER OF STAFF PARTICIPATING IN DRILL:_____

TIME FIRE BELL SET OFF:_____ : _____ AM/PM

TIME ALL PERSONS ARE OUT OF BUILDING:_____ : _____ AM/PM

TIME ALL PERSONS ARE 100 ft. FROM BUILDING:_____ : _____ AM/PM

IF THE DRILL EXCEEDS 3 MINUTES YOU MUST CONDUCT THE DRILL AGAIN WITHIN 7 DAYS ON THE SAME SHIFT, & SAME DAY OF THE WEEK.

SUMMARY OF DRILL PROCESS: (*Provide a description of the drill starting from the time the bell was set off to the time all persons are 100 ft. from the building. Include specific details about how the individuals responded to the drill and what, if anything, prevented you from completing the drill within 3 minutes):*

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