FIRE DRILL LOG

This record is in compliance with Section 22F of the Maryland State Department of Health regulations. This record is to be completed at least monthly and included as part of the Health and Safety Committee’s Report. The original report is to be forwarded to the Department’s administrative assistant within 24 hours of completion. A copy of this report must also be kept in the home’s records.

REPORT FOR:_________________________

Facility 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. to 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):

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________