

Fire Drill Report

Facility Name:Address:					
Person cond	ucting the drill:	(N. O. Trid.)			
Fire Alarm A	Activation Metho	Name & Title) Od: ween 9:00 p.m. and 6:00	a.m: A coded and	nouncement can be used instead of audible alarm	
Drill location	n and simulated	conditions:_			
(Bedridden patients shall no	ot be required to be moved during dri	ll MSFC 408.6.1)			
Unusual Con	nditions:	eather , remodeling	g, temporary e	xits)	
Number of o	occupants evacua	ıted:	_ Total Ti	me of Drill:	
Fire alarm sy	ystem reset?:	Sprin	kler Syste	em restored?:	
-					
Fire alarm s	ystem tested:		_ Verified	l by:	
Monitoring of	company receive		(24 hour aloak)	Verified by:	

ist all staff members	on duty and participating:	
		