



Calgary Progressive Lifestyles Foundation

# Home Fire / Safety Drill

Date: \_\_\_\_\_

Individual's name: \_\_\_\_\_

Address: \_\_\_\_\_

Support Worker participating: \_\_\_\_\_

Time to evacuate: \_\_\_\_\_

Was the smoke detector activated?                      Yes      No

Was the location of the fire indicated?                      Yes      No

Were the exit points indicated?                      Yes      No

Was 911 contacted (pretend to have called)?                      Yes      No

Were all windows and doors closed?                      Yes      No

Was the personal information sheet taken and later returned to the front / back entrance?                      Yes      No

Did everyone get out safely?                      Yes      No

Was a head count taken outside and upon returning to the house?                      Yes      No

Meeting point: Natural supports:                      Yes      No

Date smoke detectors / carbon monoxide alarms checked:                      Yes      No

Date fire extinguisher(s) was last maintained:                      Yes      No

Evacuation plan posted?                      Yes      No                      Where? \_\_\_\_\_

Comments:  
\_\_\_\_\_

\_\_\_\_\_  
Support Staff Printed Name

\_\_\_\_\_  
Support Staff Signature

\_\_\_\_\_  
Case Manager Printed Name

\_\_\_\_\_  
Support Staff Signature