



Home Fire / Safety Drill

Individual's Name: _____ Date: _____

Address: _____ Time of Drill: _____

Support Worker Participating: _____

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: _____

Date smoke detectors / carbon monoxide alarms checked: _____

Date fire extinguisher(s) was last maintained: _____

Was there an evacuation plan posted? Yes No If Yes, where? _____

Comments:

Support Staff's Signature

Date

Case Manager's Signature

Date