Home Fire Safety Drill

Date: Individual’s Name: Address: Time of drill: Support Worker participating: Time to evacuate:

Was the smoke detector activated? No Yes

Was the location of the fire indicated? No Yes

Were the exit points indicated? No Yes

Was 911 contacted (pretend to have called? No Yes

Were all windows and doors closed? No Yes

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

Did everyone get out safely? No Yes

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

Meeting point: Natural supports:

Date smoke detectors / carbon monoxide alarms checked:

Date fire extinguisher(s) was last maintained:

Evacuation plan posted? No Yes Where?

Comments:

mm / dd / yyyy

*Signature here*

 Support Staff Signature Date

mm / dd / yyyy

*Signature here*

 Case Manager Signature Date