



# 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