



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