

Foster Home Fire Evacuation Drill Record

Date (mo/day /yr)	Time (include a.m. or p.m.)	Site of Simulated Fire	Exit Route	LAST NAMES of all individuals and providers (one name per line, individual times checked)	Exit Time Checked							* Type of Assistance Needed	Comments (progress, problems, etc.)	Signature of Provider Conducting Drill	Smoke/CO Detectors Checked Monthly (Initial month checked)
					1/2 minute	1 minute	1.5 minutes	2 minutes	2.5 minutes	3 minutes	3+ (Fail)				Month
															Jan _____
															Date: _____
															Feb _____
															Date: _____
															Mar _____
															Date: _____
															Apr _____
															Date: _____
															May _____
															Date: _____
															Jun _____
															Date: _____
															Jul _____
															Date: _____
															Aug _____
															Date: _____
															Sept _____
															Date: _____
															Oct _____
															Date: _____
															Nov _____
															Date: _____
															Dec _____
															Date: _____

* Type of assistance provide to individuals: I = Independent; V = Verbal; PA = Physical Assist