

## FIRE/DISASTER DRILLS

Facility Name: \_\_\_\_\_

\*The facility provides fire/disaster plan training for staff and residents; and conducts and documents at least one (1) drill every six (6) months, or more if necessary.

<b>Date of Drill:</b>	<b>Time:</b>
<b>Drill was conducted by:</b>	
<b>How many minutes did it take to evacuate the facility?</b>	
<b>Where there any residents who would not participate?</b>	
<b>Identify any follow-up action needed:</b>	