

# MONTHLY FIRE DRILL AND ALARM TEST RECORDS

SITE: \_\_\_\_\_

MONTH: \_\_\_\_\_

**REAL FIRE ALARM**

DATE:	EVENT TIME:	LOCATION AND DESCRIPTION OF PROBLEM:	STAFF:
JANUS INCIDENT REPORT COMPLETED AND SUBMITTED TO SUPERVISOR FOR REVIEW			

**FIRE DRILL**

DATE:	INITIALS OF RESIDENTS:	NAMES OF STAFF:
MM/DD/YY		
EVENT TIME:		
AM/PM		
EVACUATION TIME:	LOCATION OF ALARM:	
HH:MM:SS	NOTIFICATION METHOD:	
	SUPERVISING STAFF SIGNATURE:	DATE:

\*A NIGHT DRILL 10PM-6AM MUST BE PERFORMED QUARTERLY FOR RESIDENTIAL PROGRAMS.

**ALARM SYSTEM MONTHLY TEST**

LOCATION OF FIRE SENSORS TESTED: VISUALLY INSPECT EACH FIRE SENSOR TO ENSURE THEY ARE NOT DAMAGED. CHECK BATTERY OPERATED BY PUSH BUTTON. INITIAL OR CHECK THE BOX BY EACH SENSOR TESTED.											
1			2			3			4		
5			6			7			8		
9			10			11			12		
13			14			15			16		
STAFF SIGNATURE:									DATE:		

**FIRE EXTINGUISHER CHECKED FOR DAMAGE AND CHARGE**

LOCATION OF FIRE EXTINGUISHER: CHECK EACH FOR SEAL AND CHARGE. DATE AND INITIAL BACK OF EXTINGUISHER TAG.											
1			2			3			4		
5			6			7			8		
9			10			11			12		
STAFF SIGNATURE:									DATE:		

**EMERGENCY LIGHT CHECKS**

LOCATION OF EMERGENCY LIGHTS: TEST EACH EMERGENCY LAMP FOR 30 SECONDS MONTHLY AND INDICATE "OK" OR "FAIL".											
1			2			3			4		
5			6			7			8		
9			10			11			12		
STAFF SIGNATURE:									DATE:		

**TRAINING**

DATE:	TRAINING OBJECTIVES:	PRESENT:

**COMMENTS, CONCERNS, PROBLEMS ENCOUNTERED, WEATHER, and SPECIAL CONDITIONS**

SUPERVISOR/SAFETY COMMITTEE MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_  
 REVIEWED IN TEAM: \_\_\_\_\_ DATE: \_\_\_\_\_

1) Confirm that all sections are filled out correctly. All Completed fire drill records sheets are to be submitted to the business office by the first of each month. Keep a copy for your in-house records.

2) FIRE DRILL. **All information must be entered in this section.** If any information is missing, the drill does not count. Schedule your drills at the beginning of the month; If problems occur, you'll still have time to schedule another drill.

The Fire Marshall requires that each shift perform a fire drill on a monthly rotational basis. They also recommend that each staff have an opportunity to perform a drill also on a rotational basis. Mark your calendar and review your old drills for planning purposes. By following the sequence, AM shift, PM shift, NIGHT shift, you will meet the requirements of a night drill once quarterly.

A night drill defined by CSD Administrative Rule is any time between 10 pm and 6 am. A night drill according to the MHD Administrative rule is MIDNIGHT to 4 am. MHD standards require these unannounced drills be conducted while the residents are asleep.

Exit routes should vary based on the location of the simulation fire. Any residents failing to evacuate the building unassisted within the established time shall be provided specialized individual training. Drills should be conducted while residents are sleeping to ensure all resident can evacuate properly should a real fire occur during sleep hours.

3) REAL FIRE ALARM. Use this section to document unplanned alarms. This provides a record of false alarms and helps analyze any trends. If a false alarm happens to occur prior to a scheduled drill on that particular shift, it may be claimed as a drill if all information is documented in the Fire Drill section. Please generate an Incident Report for any actual fire alarm.

4) WHOLE SYSTEM MONTHLY TEST. The whole system must be tested each month and documented. Write in the location of each sensor being tested, such as bedroom 1, kitchen, or basement. This testing assures everything is working properly. Confirm that all sections are filled out correctly.

5) FIRE EXTINGUISHERS and EMERGENCY LIGHTS CHECKED. Write in the location of each extinguisher checked, such as upstairs hall, staff office, etc. Confirm that all sections are filled out correctly.

6) INSTRUCTION AND TRAINING. Document all training in fire drill instruction, including residents. This verifies that training is occurring at regular intervals. Refer to other agency policies for more information on emergency preparation and fire planning.

7) COMMENTS, CONCERNS, PROBLEMS ENCOUNTERED, and SPECIAL CONDITIONS SIMULATED. **Information must be entered in this section.** Include any additional information or difficulties encountered in this section e.g. "Client XX had difficulty getting out of bed." "Simulated fire/obstruction in hallway." "Staff and youth did not access alternative egress in timely fashion." If there are none please write "None." or "N/A".

Glossary:

Location of Alarm: Where the event started. Usually a smoke alarm.

Notification Method: How staff were alerted e.g. smoke alarm, pull station, verbal, etc.

Event Time: Time the alarm began (Note: This is when it is first recognized, not when set in the case of a drill) be certain to indicate AM or PM.

Evacuation Time: How long, listed in minutes and seconds, before EVERYONE involved in the drill has safely exited and been accounted for. Drills exceeding 2 minutes must be redone.