

FIRE DRILL CHECKLIST FOR SCHOOLS

SCHOOL NAME:			
TELEPHONE #:	PRINCIPAL:		
DATE:	TIME OF ALARM / DF	RILL:	
Where was the alarm activated?	Г	tion Yes No	☐ N/A
Was fire alarm notification audible throu	ughout the building?	Yes No	
Was School District Maintenance notified b	pefore/after the drill?	□ No □ N/A	A
		Yes	No
Evacuation was conducted in an orderly a	nd prompt manner		
Doors were closed (classrooms, gym, and	offices), bathrooms checked		
Participants requiring assistance were ass	sisted		
Participants assembled at a pre-designate	d meeting place		
Assigned duties carried out effectively by t	eachers and supervisory staff		
All participants accounted for outside (staf	f, students, visitors, etc.)		
Participants waited for "All Clear" signal be	efore re-entering		
Time to complete the Fire Drill: Comments:			
	Signature:		