

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