

DETAILS	
Date:	
Time:	
Person in charge:	
Address/Location:	

AREAS TO EVACUATE:	Tick
	<input type="checkbox"/>
	<input type="checkbox"/>
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	<input type="checkbox"/>
	<input type="checkbox"/>

FIRE DRILL DETAILS	
Once alarm is raised, describe what took place:	
Was the assembly point respected?	
All occupants followed emergency procedures?	
Phone and first aid kit at Assembly Point?	
Alarm system deactivated and fire services alerted about the drill?	

ADDITIONAL COMMENTS, ANY IMPROVEMENTS FOR NEXT DRILL