

Fraternity and Sorority Life
Fire Drill Report

Semester: (circle) _____

Fall

Spring

Date: _____

Drill supervisor: _____

Chapter: _____

Time of Drill: _____

Evaluation Criteria

1. Campus Security notified of drill -327-6231	Yes	No
2. Local monitoring company notified of drill and its completion Phone Number: _____	Yes	No
3. Number of people in the building at the time of the drill Residents _____ Non-residents _____	#	Total
4. Drill was conducted promptly	Yes	No
5. All escape routes free of obstruction, with exit doors usable	Yes	No
6. Evacuation floor plans located throughout the house - Attach Copy - Sample Below	Yes	No
7. Participants evacuated to designated meeting space	Yes	No
8. Fire Alarm audible throughout the house	Yes	No
9. Evacuation team carried out assigned duties effectively	Yes	No
10. All in-house members and guests accounted for outside	Yes	No
11. Participants waited for "All Clear" signal	Yes	No
12. Time required for complete evacuation		
13. Campus Security and monitoring company notified of drill completion -	Yes	No
14. Were Campus Security or Springfield Fire Dept present?	Yes	No



Report Submitted by:

Risk Manager

Date

Phone

House Manager

Date

Phone

President

Date

Phone