

Fire Drill Report

Location: Date: Time:

Any scenario simulated?: YES: NO:

If yes, enter details:

All staff accounted for?: YES: NO:

If no, enter details:

Was this a planned drill?: YES: NO:

If no, enter details:

Audibility issues?: YES: NO:

If yes, enter details:

Any issues reported to:

Actions required:

1	
2	
3	
4	

Actions taken:

1	
2	
3	
4	

Conducted by: Print Sign

Date:

Please keep yourself and other safe at all times!