

OFFICE FIRE DRILL EVALUATION FORM

Date: _____

Time: _____

Execution

Time drill started: _____

Time drill completed: _____

- Were patients evacuated promptly, safely and without undue panic? Yes No
- Was the preplanned evacuation route used? Yes No
- Did staff meet at the designated site outside the office? Yes No
- Were the safety guidelines met? Yes No
- Was the evacuation route adequate? Yes No
- Was the plan effective? Yes No
- Was the fire department alerted (in fact or in simulation)? Yes No
- Were the office doors closed? Yes No
- Were efforts made to contain or extinguish the fire? Yes No
- Were patient records isolated or protected? Yes No
- Were "wounded" patients and staff members adequately triaged? Yes No

Comments: _____



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