

# 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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**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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