

Foster Home Fire Evacuation Drill Record

Date (mo/day/yr)	Time (include am or pm)	Site of Simulated Fire	NAMES of <u>each</u> person on premises (one name per line, individual times checked)	Individual's Exit Time Checked							Comments (progress, problems, etc.)	Staff or Foster provider signature	Smoke Detectors checked
				½ minute	1 minute	1.5 minutes	2 minutes	2.5 minutes	3 minutes	3+ (Fail)			Monthly (initial month checked)
													Month
													Jan_____
													Feb_____
													Mar_____
													Apr_____
													May_____
													Jun_____
													Jul_____
													Aug_____
													Sep_____
													Oct_____
													Nov_____
													Dec_____