

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 Monthly (initial month checked)
				½ minute	1 minute	1.5 minutes	2 minutes	2.5 minutes	3 minutes	3+ (Fail)			
												Month	
												Jan_____	
												Feb_____	
												Mar_____	
												Apr_____	
												May_____	
												Jun_____	
												Jul_____	
												Aug_____	
												Sep_____	
												Oct_____	
												Nov_____	
												Dec_____	