



FIRE DRILL EVALUATION FORM

Date of Drill			
Building Name			
Floor			
Zone			
		YES	NO
Could the alarm signals be heard in all areas of the building?		<input type="checkbox"/>	<input type="checkbox"/>
Did all personnel evacuate the fire zone/floor/building?		<input type="checkbox"/>	<input type="checkbox"/>
Were any fire doors (stairwell doors) propped open?		<input type="checkbox"/>	<input type="checkbox"/>
Did fire doors, which automatically close, function properly?		<input type="checkbox"/>	<input type="checkbox"/>
Did the Fire Warden Team meet to confirm "All Clear"?		<input type="checkbox"/>	<input type="checkbox"/>
Did the Floor Wardens report to the Building Warden?		<input type="checkbox"/>	<input type="checkbox"/>
Did the Building Warden Report to the Safety & Security Services?		<input type="checkbox"/>	<input type="checkbox"/>
How did personnel and/or visitor's respond/react to the drill on your floor?			
What type of difficulties, if any, were encountered during the evacuation?			
Recommendations			
Completed By			
Signature			

Once completed email signed form to Occupational Health & Safety at lareid@stfx.ca