**Fire Drill Evaluation**

**Name of Facility: Facility Address: Date of Drill:**

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**Time Drill Started: Time Drill Ended: Total Time:**

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| **Evaluation Items** | **Yes** | **No** |
| Drill was conducted orderly? |  |  |
| Drill was conducted promptly? |  |  |
| Fire alarm was sounded? |  |  |
| Were all egress routes free of obstructions, such as exit doors and corridors? |  |  |
| Assigned duties carried out effectively? |  |  |
| Participants met at a pre-designated location? |  |  |
| All personnel accounted for outside? |  |  |
| Participants knowledgeable of location of fire exits? |  |  |
| Participants knowledgeable of location of fire extinguishers? |  |  |

**Comments:**

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**Evaluator Name: Evaluator Signature: Date:**

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