**MONTHLY FIRE DRILL**

**Company Name:** OMEGA CARE GROUP LTD

**Address of premises:** 7 STATION ROAD

PRESCOT

MERSEYSIDE

L34 5SN

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fire Drill** | **YES** | **NO** | **N/A** | **COMMENTS** |
| Did Staff and Y/P's evacuate to the correct assembly point? |  |  |  |  |
| Was Staff and Y/P's accounted for? (register taken?) |  |  |  |  |
| Did Staff and Y/P's hear all the alarms? |  |  |  |  |
| Did everyone cooperate properly with the fire Evacuation procedure? |  |  |  |  |

**Staff signature/Print name: Date:**

**Review Date:**

**Manager/Directors Signature:**

**Manager/Directors Print Name:**

**Date:**