WRIGHT STATE PHYSICIANS

Fire Drill Evaluation Form

Date of Fire Drill _____ Location of Drill _____

Section 1 – *Immediate Staff Response*	**Competently Performed**
Did staff close all fire doors in the area, including patient exam room doors?	Y N
Were the fire exit corridors cleared of unnecessary equipment?	Y N
Did Staff inform Patients/Visitors of Alarm Condition?	Y N
Did unit send a responder to the fires Point of origin?	Y N

Section 2 – *Staff Knowledge*	**Competently Performed**
Did Staff identify and apply *R.A.C.E.* (Rescue, Alarm, Contain, Evaculate)	Y N
Did Staff identify and apply *P.A.S.S.* (Pull, Aim, Squeeze, Sweep)	Y N
Did staff know the location of Fire Alarm Pull Stations in their work area?	Y N
Does staff know the location of fire extinguishers in their work area?	Y N
Did staff know where the fire exits were in the drill area?	Y N
Did the staff know where the smoke compartments were in the observation area?	Y N
Did staff know the evacuation procedure?	Y N

Section 3 – *Fire Alarm Equipment Performance*	**Equipment Functioned properly**
Was the "CODE RED" alert audible in the area being evaluated?	Y N
Did all Automatic fire doors close & latch?	Y N
Were fire alarm devices functioning properly in area observed?	Y N

Fire Drill In-service & Attendance Sign In Sheet

Name	Name	Name

Wright State Physicians R2007
Implementation Date: May 1, 2007
Revision Date:

Completed by and date:_____