**Records of Timed Fire Drills**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Fire Drill: \_\_\_\_\_\_\_\_\_\_\_ Time Started: \_\_\_\_\_\_\_ Time Ended: \_\_\_\_\_\_\_

Number of students present: \_\_\_\_\_\_\_\_ Number of Staff present: \_\_\_\_\_\_\_\_

Evacuation Time: \_\_\_\_\_\_\_ minutes

**Issues/Comments:**

1. Were all students and staff accounted for at the assembly point?

* If not, please state the number of missing individuals and their last known location.

1. Were all emergency exits clear and accessible?

* If not, please state which exits were blocked and the reason for the blockage.

1. Were any students or staff members injured during the evacuation?

* If yes, please provide details of the injury and the response taken.

1. Were all students and staff members following the correct evacuation procedures?

* If not, please specify the areas of improvement needed and the measures that will be taken to address these issues.

1. Were any other issues or concerns noted during the drill?

* If yes, please provide details.

**Action Plan:**

Based on the issues and concerns noted during the fire drill, the following actions will be taken:

1. Correction measures will be implemented to address any areas of improvement identified during the drill.
2. Staff members will receive additional training on emergency procedures, as necessary.
3. A follow-up drill will be scheduled to ensure that all issues have been addressed and that the evacuation process is smooth and efficient.

Signature:

School Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_