

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.
2. Were all emergency exits clear and accessible?
 - If not, please state which exits were blocked and the reason for the blockage.
3. Were any students or staff members injured during the evacuation?
 - If yes, please provide details of the injury and the response taken.
4. 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.
5. 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: _____