

Appendix A

Fire Drill Evaluation Form

For Business Occupancies

Name of Building: _____

Person Conducting the Drill: _____

Date of Drill: _____ Time of Drill: _____

Note that partial credit may be awarded for any measure based on the level of performance

| Performance Criteria | Score | Possible Points |
|---|-------|-----------------|
| Occupant Performance | | 70 |
| Were rooms checked (cleared) by staff in the building? | | 10 |
| Was the staff familiar with the location and use of portable fire extinguishers? | | 10 |
| Were all doors shut as part of the drill? | | 10 |
| Did occupants evacuate in a timely manner (<3 minutes)? | | 10 |
| Were provisions made for the physically challenged? | | 10 |
| Did evacuees assemble in the correct location? | | 10 |
| Did staff stay outside the building until the drill was cancelled? | | 10 |
| Alarm System and Associated Equipment | | 30 |
| Did the pull station operate properly? | | 5 |
| Did all signaling devices (horn, light, bells, and speakers) operate properly? | | 5 |
| Did the alarm report to the main panel? | | 5 |
| Did the alarm report to Central Alarm? | | 5 |
| Were the elevators recalled to the main floor automatically or recalled by use of the elevator key? | | 5 |
| Did the panel reset? | | 5 |
| Total Score | | 100 |

Comments and notes:

This form should be kept for at least three years.