

Fire Drill Evaluation

Campus	Building Name	Number of Floo	rs Date of	Drill
Name of Evaluator(s)	Evacuation Signa	al Equipment Used		
	Evaluation Items		Yes	No
Was complete evacuation of	of the building accomplis	hed?		
Were all occupant areas in	the building checked?			
Were all designated evacua	ation routes clearly mark	ced?		
Were designated evacuatio	n routes used by particip	pants?		
Did excessive noise accomp	oany evacuation?			
Were there designated mee	eting areas assigned to ea	ch evacuation group?		
Were the designated meeting building?	ng areas located at a safe	e distance from the		
Did each evacuation group area?	meet and remain in thei	r designated meeting		
Was an accurate count tak	en of each evacuation gro	oup?		
Have procedures for the ha	andicapped been address	sed?		
Did all equipment function	properly? (e.g. stairwell	doors)		
Evacuation Start Time	Evacuation End Time	Total Evacuation Time	Number of Participants	
Additional Comments				