



Fire Drill Report (April & October)

Date: _____

Caregiver Name: _____ Caregiver Address: _____

Member #1 Name: _____ Member #2 Name: _____

Was the Member(s) capable of exiting the building within 2.5 minutes without assistance?

Member #1 _____ Yes: _____ No: _____

Member #2 _____ Yes: _____ No: _____

If applicable, what level of assistance was required to exit the home?

Member #1 Verbal Cue _____ Gestural Cue _____ Physical Assist _____ Dependent _____

Member #2 Verbal Cue _____ Gestural Cue _____ Physical Assist _____ Dependent _____

If unable to evacuate, has local Fire Dept. been notified? Yes or No (circle one)

Smoke and carbon monoxide detectors are in working condition. Yes or No (circle one)

Was the Evacuation plan followed? Yes or No (circle one)

Were any Assistive Devices needed? Yes or No (circle one)

If yes, What Device(s) were used?: _____

Comments (Please describe any challenges encountered and how the Member preformed).

Caregiver Signature: _____ Date: _____

Staff Signature Date: _____ DATE: _____