



PECHANGA FIRE DEPARTMENT

Fire Drill Evaluation Checklist

DRILL INFORMATION			
Name of Building/Facility:			
Building/Facility Address:			
Location of Drill (specific floor/wing/etc.):			Date of Drill:
Time Drill Initiated:	Time All Occupants Vacated:		Elapsed Time: Min.
Drill Monitor Name:		Title/Position:	
Weather: TEMP: <input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot	Wind: <input type="checkbox"/> Calm <input type="checkbox"/> Breezy <input type="checkbox"/> Windy	Precipitation: <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet	
PRE DRILL ASSESSMENT		PLAN	
Evacuation routes posted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Evacuation performed according to plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Evacuation signs are in good condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Occupants met at designated meeting places	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exits are clearly marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Designated meeting place(s) at safe distances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exit signs are properly illuminated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire drill/response team(s) responded per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exit doors operating properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire drill/response team(s) performed per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Egress routes free of obstructions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire department "mock" notified per plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Egress routes properly lighted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
COMMUNICATION		FIRE ALARM SYSTEM	
Method of Drill Activation:	<input type="checkbox"/> Alarm Activation <input type="checkbox"/> PA System <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other:	Fire alarm clearly heard in all areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Drill pre-announced	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Public announcements clearly heard in all areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fire department present for drill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Door hold-open devices released properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Alarm monitoring company notified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Elevators recalled to correct floors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Security notified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Alarm monitoring company received alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
EVACUATION		NOTES	
All required participants took part	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Restrooms were checked for occupants	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Evacuation was orderly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Visitors escorted and accounted for	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Special needs persons accommodated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Elevators were used during evacuation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Overall response of occupants	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Noise level of evacuation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Number of Occupants Evacuated:	Visitors: Staff: Tenants: TOTAL:		
FIRE CONTAINMENT			
Doors and windows closed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Rooms checked prior to closing doors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Doors left unlocked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Fire extinguisher taken to location of fire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Door hold-open devices operated properly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
UTILITIES			
Electrical appliances turned off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Lights turned off	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Smoke control/dampers operated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

*Any item receiving a "No" or "Unsatisfactory" is an item that the facility should work on to correct.

FIRE AND EMERGENCY EVACUATION DRILL OBJECTIVES

- Comply with requirements in CFC CHAPTER 4: Emergency Planning & Preparedness
- Evaluate the effectiveness of the occupants abilities to evacuate a building
- Evaluate the effectiveness and adequateness of the fire and life safety evacuation plan
- Evaluate occupants ability to recognize the fire/evacuation alarm
- Determine whether the occupant take appropriate actions upon hearing/seeing the evacuation/fire alarm
- Determine that the occupant begins the evacuation process in an acceptable manner and/or per plan
- Evaluate the occupants ability to provide assistance to visitors or individuals who are experiencing difficulty
- Evaluate the occupants ability to recognize and take appropriate actions when a means of egress is unsafe
- Ensure occupants report in a designated meeting places

RECORD KEEPING

At a minimum the following information is required to be collected during fire drills:

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| 1. Identity of the person conducting the drill | 6. Special conditions simulated |
| 2. Date and time of the drill | 7. Problems encountered |
| 3. Notification method used | 8. Weather conditions when occupants evacuated |
| 4. Staff members on duty and participating | 9. Time required to accomplish complete evacuation |
| 5. Number of occupants evacuated | |

ALARM ACTIVATION

Where a fire alarm system is provided, emergency evacuation drills shall be initiated by activating the fire alarm system.

DRILL TIMES

Drill shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire.

CFC TABLE 405.2 – FIRE AND EVACUATION DRILL FREQUENCY AND PARTICIPATION

OCCUPANCY GROUP	FREQUENCY	PARTICIPATION
A – places of assembly for 50+ (casino floor, bingo, poker room, ballroom, meeting rooms)	Quarterly	Employees
B – business (all offices)	Annually ²	All occupants
E – educational (schools for age 2 up to 12th grade)	Monthly ³	All occupants
F – factory (upholstery, cabinet shop)	Semi-annually on each shift	Employees
H – hazmat (any areas for storage, handling, use over Maximum Allowable Quantities)	Semi-annually on each shift	Employees ⁴
I – institutional (detention rooms)	Quarterly on each shift	Employees
M – mercantile (retail stores)	Semi-annually on each shift	Employees
R1 – residential (hotel)	Quarterly on each shift	Employees
High-rise buildings (generally buildings 75 feet or taller)	Annually	Employees

1. When more than one occupancy classification applies the more stringent frequency prevails.
2. Applies only to buildings with occupant load over 500 or 100+ above or below the level of discharge.
3. Monthly for elementary & intermediate levels: not less than twice a school year for secondary level (CFC 408.3).
4. Participation by on-site emergency response team only.

NOTES: