

## **FORMAT AND CONTENT OF ARCHITECTURAL REPORT FOR PRE-OPENINGS**

The purpose of the requirement for a Certificate of Occupancy or an architect's report is to document building compliance with the applicable building code pursuant to 14NYCRR Part 635-7. In addition, the signoff by the architect or engineer should address the following as-built conditions as applicable. (NOTE: there are no regulatory requirements for a report or letter of this type. It has been our experience that if an architect provides such a letter, the pre-opening process goes much more smoothly. Please feel free to provide this information to providers considering developing facilities. )

1. The construction type of the building
2. The occupancy classification of the building
3. Compliance with the applicable sections of the New York State Building Code or the NYC building code.
4. Compliance with the appropriate Life Safety Code under which the facility was designed (e.g. NFPA 2000 Life Safety Code Chapter 18/19 Health Care or Chapter 32/33 Board and Care Occupancy Prompt, Slow or Impractical).
5. Compliance with OMRDD Part 635 regulations.
6. Alarm and detection systems meet NFP A 72.
7. Sprinkler system meets NFPA 13, 13R or 13D. (Contractor's Materials and Test Certificate is preferred)
8. HV AC system meets NFP A 90A or 90B as applicable.
9. Interior wall finish is Class A, B, or C as appropriate.
10. Interior floor finish Class I, II, as appropriate.
11. Electrical underwriters sign-off.
12. State pollution discharge elimination system permit for wastewater treatment (SPDES) as applicable.
13. New well information - type of well, depth, yield, etc. - with well and septic location and bacteriological and chemical test results as required in ADM 96-02.

In addition, the individual sub-contractors should provide a letter to the agency or the architect that the work which they have performed meets the appropriate standard or regulation and that the systems that they have installed have been tested and are fully operational.

# FIRE ALARM SYSTEM SERVICE CONTRACT

## I. GENERAL CONTRACT REQUIREMENTS

- A. Contractor shall perform all inspections and testing in accordance with and as identified in the following guidelines and standards:

Fire Code of New York State (19 NYCRR Part 1225) and the National Fire Alarm Code, NFPA 72 (2007) as incorporated therein.

14 NYCRR Part 635

The inspection, testing, and maintenance program of this contract shall satisfy the requirements of NFPA 72, shall conform to the equipment manufacturer's recommendations, and shall verify reliable operation of the fire alarm system. See Appendix A for a listing of building sites covered under the scope of this contract.

- B. Definitions:

**Inspection:** A visual examination of a system or portion thereof to verify that it appears to be in operating condition and is free from physical damage.

**Testing:** A procedure used to physically determine the operational status of the fire alarm system. These tests adhere to the testing intervals specified in the appropriate chapter of NFPA 72, as referenced in the NYS Uniform Fire Code (19 NYCRR 1225), and 14 NYCRR Part 635.

Quarterly Cleaning and Inspection: Each residential and Day program site shall be inspected on a quarterly basis. The contractor shall physically inspect, clean and test the entire system and all its components at each of the listed sites. Quarterly inspection reports are to be provided and left at the site upon the day of inspection, and copies are to be forwarded to the appropriate physical plant management department.

- C. Notification Requirement

1. Prior to any work commencing on fire alarm systems that are part of this contract, the contractor shall contact the owner to arrange a site visit to the property. Site visits will not be allowed without prior notification to the owner.

Before proceeding with any testing, all persons and facilities receiving alarm, supervisory, or trouble signals and all building occupants shall be notified of the testing to prevent unnecessary response. The owner, fire department districts and central offices, code enforcement official and central supervisory station shall be notified by the contractor when the system is taken out of operation and when it is returned to operation.

- D. Contractor Qualification

- E. Inspections, testing and maintenance shall only be carried out by an individual, firm, company, partnership or corporation in possession of a valid New York State Fire Alarm Licenses

1. Inspections, testing and maintenance shall be carried out by qualified personnel and implemented in accordance with procedures established in NFPA 72, in this document and in accordance with the manufacturer's instructions.

2. All work shall be performed by personnel who have developed competence through training and experience. Qualified personnel shall be limited to individuals with one or more of the following qualifications as identified in NFPA 72:

- Factory trained and certified
- National Institute for Certification in Engineering Technologies fire alarm certified
- International Municipal Signal Association fire alarm certified
- Trained and qualified personnel employed by an organization listed by a national testing laboratory for the servicing of fire alarm systems.

Both the company and the personnel performing the service must have at least five years of experience on similar size and type equipment.

3. Provide proof of qualifications at the request of the owner prior to bid award that establish contractor qualifications to perform the work. References of previous projects that are of similar scope are to be provided.

4. Proof of liability insurance and workmen's compensation insurance are to be provided at the time of bid as part of the bid submittal.

## II. FIRE ALARM SYSTEM INSPECTION GENERAL REQUIREMENTS

### A. System Documentation

Prior to system maintenance or testing, the system certificate and available information regarding the system and system alterations, including specifications, wiring diagrams and floor plans shall be provided by the owner to the service personnel. The contractor shall prepare documentation for inventory of all fire alarm system components to be inspected, tested and maintained in the system.

B. Visual Examinations – Perform the following visual inspections **at the beginning of the contract period** to ensure proper operation of all system components.

The contractor shall visually inspect fire alarm system components for proper operation, position and condition as appropriate and as recommended by NFPA 72. The components shall include but not be limited to the following:

- Control Equipment: fire alarm systems monitored for alarm, supervisory, and trouble signals – Fuses, Interfaced equipment, lamps and LEDs, Primary power supply
- Batteries (UPS), Control Unit Trouble Signals, Fiber Optic Connections
- Emergency Voice/Alarm Communications Equipment
- Sprinkler System alarm devices

- Initiating Devices – Air Sampling, Duct Detectors, Electromechanical release devices (magnetic hold open devices), Fire extinguishing systems, Fire alarm boxes, Heat detectors, Radiant energy fire detectors, Smoke detectors, Supervisory signal devices Water flow devices.
- Safety Office Station Monitoring equipment
- Alarm Notification Appliances – Supervised
- Supervising Station Fire Alarm System Transmitters and Receivers

After the initial inspection of all fire alarm system components, the contractor shall in writing bring to the attention of the owner any problems revealed from the inspection. Necessary corrective action will be identified in the written report.

### III. FIRE ALARM SYSTEM TESTING GENERAL REQUIREMENTS

The following fire alarm system components shall be physically inspected and tested in accordance with NFPA approved test methods and manufacturer's recommendations. The contractor shall perform testing of fire alarm components in accordance with the following frequencies:

#### A. QUARTERLY (four times per year)

1. Initiating Devices – All fire alarm initiating devices and alarm system components shall be physically tested quarterly. Devices to be tested are: Smoke detectors, heat detectors, duct detectors, carbon monoxide detectors, and fire alarm manual pull boxes, supervisory signal devices magnetic hold open devices, bed shakers, horns and strobes, etc...
2. Central Station operation shall be checked for confirmation that fire alarm annunciation is being properly relayed to the supervising Central Station. It shall also be confirmed that the Central Station is immediately annunciating the fire alarm signal to the local fire department.
3. Emergency Voice/Alarm Communications Equipment – manual test of power supply, Check of sound levels (sound measurements), verify audible information (pre-recorded messages)

#### B. SEMI ANNUAL (Two times per year)

1. Batteries:
  - Lead Acid - Perform discharge test (30 minutes), load voltage test, check specific gravity
  - Nickel Cadmium – Load voltage test
  - Sealed lead acid – Load voltage test
2. Sprinkler Alarming Devices – Test alarm connection to the fire alarm system.
  - Water flow Alarm devices
  - Valve tamper Alarm switches

## Fire extinguishing suppression systems or switches

### C. ANNUAL (Once per year)

1. Control Equipment Building Systems – Functions, fuses, interfaced equipment, lamps and LED's, primary power supply, transponders
2. Batteries:
  - Lead Acid - Charger test
  - Nickel Cadmium – Discharge test, load voltage test
  - Sealed Lead Acid – Discharge test, load voltage test
3. Fiber Optic Wiring – fiber optic transmission line shall be tested in accordance with the manufacturer's instructions.
4. Control Unit trouble signals – Audible and visual, Disconnect switches, Ground fault monitoring circuit, Transmission of signals to Central Station
5. Heating, Ventilating, and Air Conditioning (HVAC) System - Test fan shutdown operation, test electromechanical operation of smoke dampers, test operation of smoke control system.
6. Remote annunciators – The correct operation and identification of annunciators shall be verified. If provided, the correct operation of annunciators under a fault condition shall be verified.
7. Safety Office Equipment or House Manager Office Equipment (Main Panel) - Tests shall be performed on all system functions and features in accordance with the equipment manufacturer's instructions for correct operation. Initiating devices shall be actuated and receipt of the correct initiating transmitting device signal shall be verified.
8. Supervising Station Equipment Receivers (Central Station) - Tests shall be performed on all system functions and features in accordance with the equipment manufacturer's instructions or correct operation. Initiating devices shall be actuated and receipt of the correct initiating device signal at the supervising station within 90 seconds shall be verified. Transmission of fire alarm to the local fire department by the Central Station shall be verified.

Sensitivity testing should be performed on initiating devices every two years and in accordance with NFPA 72.

### D. ROUTINE MINOR MAINTENANCE AND REPAIRS

1. The contractor shall establish a list and quantity of alarm devices at each location and update list as changes in hardware occurs. A complete inventory of all fire alarm devices and components shall be included in each testing report submitted by the contractor.

2. Replacement parts and adjustments when necessary shall be made during inspection visits. Contractor will secure approval for any work that is expected to cost up to \$500 from the owner prior to performing corrective action. Provide a breakdown of costs listing labor and parts separately.
3. Repairs that are expected to exceed \$500 must first receive written approval of the owner prior to work commencing.

#### E. IMPAIRMENTS

All system defects and malfunctions shall be corrected as part of the testing and maintenance of the system under this contract. If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, and the defect or malfunction is such that it will result in the inability of the fire alarm system to operate adequately in the event of a fire, the system owner shall be informed of the impairment immediately, followed in writing within 24 hours so that corrective action can be taken. The owner will provide contacts to the contractor for immediate response when impairments compromise system operation.

#### IV. REPORTING REQUIREMENTS

- A. Records shall be completed for all inspections, tests and procedures including results from fire alarm testing performed. Records shall indicate the procedures performed the organization that performed the work, the results and the date completed. The report record must be signed and dated by the person(s) performing the work.

**It is required as part of this contract that the contractor complete and submit to the owner the National Fire Protection Association forms "Inspection and Testing Form", as appropriate for the inspection and testing work being performed. The contractor may substitute a similar maintenance, inspection and testing form if acceptable to the owner and must include at a minimum all of the information required by NFPA 72.**

- B. Meet with the Owner's Representative after each testing and inspection visit is completed to discuss the findings. The person identified as the "Owner's Representative" shall be identified by the facility Physical plant management representative. Each operational and maintenance issue found during the service shall be identified if the report forms and necessary remedial action, if any, explained to the owner by the contractor.
- C. The contractor shall complete all inspection and testing report forms in a complete and legible manner. A copy of each report shall be delivered to the owner's representative. A second copy of the report shall be physically left at the building inspected. The contractor shall keep a copy of the inspection for the permanent record.

APPENDIX A - LIST OF BUILDINGS

(Facility to attach list of buildings here)

# SPRINKLER SYSTEM SERVICE CONTRACT

## I. GENERAL CONTRACT REQUIREMENTS

A. Contractor shall perform inspections and testing as identified in the current Fire Code of New York State (19 NYCRR Part 1225) which incorporates by reference NFPA 25 (2008) for Water-Based Fire Protection Systems. Contract requirements include, but are not limited to: wet and dry-pipe sprinkler systems; water storage tanks and fire pumps. See Appendix A for a listing of building sites covered under the scope of this contract.

### B. Definitions:

**Inspection:** A visual examination of a system or portion thereof to verify that it appears to be in operating condition and is free from physical damage.

**Testing:** A procedure used to determine the status of a system as intended by conducting periodic physical checks on water-based fire protection systems such as water flow tests, fire pump tests, alarm tests, and trip tests of dry pipe, or pre-action valves. These tests follow up on the original acceptance test at intervals specified in the appropriate chapter of NFPA 25.

### C. Notification Requirement

1. Prior to any work commencing on sprinkler systems that are part of this contract, the contractor shall contact the owner to arrange a site visit to the property. Site visits will not be allowed without prior notification to the owner.
2. The owner, fire department districts and central offices, code enforcement official and central supervisory station shall be notified by the contractor when the system is taken out of operation and when it is returned to operation.

### D. Contractor Qualification

1. Inspections, testing and maintenance shall be carried out by qualified personnel and implemented in accordance with procedures established in NFPA 25, in this document and in accordance with the manufacturer's instructions.
2. All work shall be performed by personnel who have developed competence through training and experience. Both the company and the personnel performing the service must have at least five years of experience on similar size and type equipment.
3. Provide proof of qualifications at the request of the owner prior to bid award that establish contractor qualifications to perform the work. Five references of previous projects that are of similar scope are to be provided.
4. Proof of liability insurance and workmen's compensation insurance are to be provided at the time of bid as part of the bid submittal.

## II. SPRINKLER SYSTEM INSPECTION GENERAL REQUIREMENTS

Visual Examinations – Quarterly (four times per year)

The contractor shall visually inspect sprinkler all system components for proper operation, position and condition as appropriate and as required by NFPA 25. The components shall include but not be limited to the following:

**Control Valves** – The valves are: accessible and in the normally open or closed position, properly sealed, locked or supervised, free from external leaks and properly identified.

**Check valves** – Visually inspected to ensure free from leaks and verified direction of water flow.

**Backflow preventer** - control valves open, relief port not discharging.

**Pressure regulating valves** – Verify that the valves are in the open position, not leaking and are maintaining downstream pressures in accordance with design criteria.

**Alarm Valves/System Riser Check Valves** - visually inspected, gauges reading properly, no damage, not leaking, trim valves operational.

**Dry-Pipe Valves** – exterior inspected, trim valves operational, gauges, no leaks.

**Sprinkler heads** – visually inspect for any corrosion, physical damage, obstructions to spray pattern, check for sprinkler heads with any paint other than manufacturers, concealed covers, spare replacement heads, wrenches and storage cabinet.

**Piping** – check for proper pitch, good condition, damage, no leaks or corrosion, hangers and braces properly attached.

**Alarm Devices** – Water motor gongs, flow switches, tamper switches, and pressure switches shall be inspected for damage, all electrical connections are secured and the devices visually in good condition.

**Water Storage Tanks** – Verify water level, water supervision alarms, heating systems, water temperature, exterior of tank, paint or coatings, supporting structure, vents, foundation, ladders for damage or weakening, control valves, auto fill valves, pumps and air pressure in pressure tanks.

**Sprinkler Fire Pumps** – verify the pump assembly is in operating condition and is free from physical damage; verify power source, control valves, temperature of pump room, no leaks, and pressure gauges correct.

**Fire Department Connections** – Connections should be accessible and visible, caps or plugs in place, threads clean, undamaged and lightly lubricated with graphite. The connection is drained through the ball drip valve assuring it will not freeze.

**Hydraulic Nameplate** – provided at riser, all information complete

## III. SPRINKLER TESTING GENERAL REQUIREMENTS

The following NFPA 13 sprinkler system components shall be **inspected** and tested in the following manner: (Owner representative must be present during annual, three year and five year inspections)

### A. QUARTERLY (four times per year)

1. Inspect fire department connections. Connections should be accessible and visible at all times. Caps or plugs should be in place and threads clean, undamaged and lightly

- lubricated with graphite. The connection should be drained through the ball drip from the check valve to assure it will not freeze.
2. Inspect the control valves to confirm that they are in the proper position and locked.
  3. Water supply valves, including post indicator and roadway valves, are to be checked to assure that they are open.
  4. Determine dry pipe system priming water level by slowly opening the priming water level test valve. If only air escapes, close the test valve and add priming water. The upper priming valve is then closed and the lower priming valve opened, which allows the water to run into the dry pipe valve. Again, check the test valve. If water does not run out, repeat the procedure. When sufficient water has been added so that water drains from the test valve, allow it to drain until air begins to escape, and then close the valve securely. Also, be sure the upper and lower priming valves are closed securely.
  5. Flow test main drains. Record the pressure of the gauge on the lower side of the sprinkler valve (static pressure). Open the main drain fully; after the flow has stabilized, note and record the pressure on the gauge and record (residual pressure). If the pressure readings vary significantly from those readings previously recorded, there is indication that something may be wrong with the water supply such as a closed valve or blocked pipe. Loss of pressure of more than ten percent should be investigated immediately to determine its cause. The effect that the drop in pressure will have on the sprinkler system operation should also be determined to assure that the system will perform satisfactorily.
  6. Wet Pipe System: Test alarms by opening the inspector's test connection. This simulates the flow of water from one sprinkler head and will activate the water motor alarm as well as the flow switch or pressure switch. Note - when freezing weather prohibits using the inspector's test, the alarm by-pass connection can be used. However, use of the alarm by-pass does not test the operation of the valve clapper and is not considered as good a test as using the inspector's test connection and therefore is only allowed as a test during freezing weather.
  7. Dry Pipe System: Test low air pressure alarm. Close the water supply valve so the system will not accidentally trip. Slowly release air from the system by gently opening the inspector's test valve. The low air pressure alarm should sound when the pressure drops to that recommended by the manufacturer. **Do not allow pressure to drop sufficiently to trip the dry pipe valve.** Test water flow alarm. Open the alarm by-pass valve. Use of the inspector's test connection is not desirable as it will cause the dry pipe valve to trip.

## B. ANNUAL

1. Wet Pipe Sprinkler System: Test the freezing point of anti freeze solutions if used. This is done by measuring the specific gravity with a hydrometer. Adjust the solution as necessary to maintain the freezing point of the solution below the estimated minimum temperature.
2. Dry Pipe Sprinkler System: Trip test the dry pipe valve, preferably in the spring. Before the trip test, the main drain valve should be fully opened and the water supply flushed

- out until the water flows clean. If a hydrant is located on the system supply, it should be flushed before the main drain is flushed to reduce the amount of potential debris getting into the dry pipe system. Each dry pipe valve, including quick opening devices if provided, should be trip tested. This test should be done in the spring after freezing weather, with the water supply control valve only partially open. Once the valve trips, the water control valve can be quickly closed so that the system is not filled with water. The valve is tripped by opening the inspector's test valve which releases air pressure within the system. Dry valve must be internally cleaned before resetting, digital photos must be taken before and after valve is cleaned. Copies are to be provided to the owner. After the test, open the main drain valve to drain the system. Remove the valve cover and thoroughly clean the valve interior. Replace worn or damaged parts as required, reset the valve, and replace the cover. Add priming water and open the air supply to fill the system with air. When the air pressure has reached its proper level, open the main drain to reduce the chance of a water hammer tripping the system, and then slowly open the water supply valve. When the water supply valve is fully open, slowly close the main drain.
3. Cold weather valve, if used, should be closed before freezing weather and piping drained. Valve should be opened in spring.
  4. Low point drains should be drained thoroughly before cold weather and after any system trip.
  5. Fire Pump Test: An annual test of each pump assembly shall be conducted under minimum, rated, and peak flows of the fire pump by controlling the quantity of water discharged through approved test devices and in accordance with NFPA 25.

C. 3 YEAR TEST

Trip test the dry pipe valve – FULL FLOW TEST

The dry pipe valve should be trip tested with the water supply valve fully open. The test should be terminated when clean water flows from the inspector's test connection. A full trip test should also be conducted whenever the sprinkler system is altered. The full flow trip test should not be done during freezing weather. Dry valve must be internally cleaned before resetting, digital photos must be taken before and after valve is cleaned. Copies are to be provided to the owner.

D. 5 YEAR INSPECTION

Remove a representative sample of sprinklers with temperature classification of Extra High (325 degrees F) or greater which are located in an area in which the temperature frequently exceed the maximum allowable ceiling temperature. Provide new sprinklers in their place, and send the removed sprinklers to a laboratory for operational testing in accordance with NFPA 13. If sprinklers fail to perform satisfactorily during the operational test, all of the Extra High heads should be replaced.

E. BLOCKAGE INVESTIGATION (Perform every five years minimum or more often as needed)

It is important that the sprinkler system piping be maintained free of obstructions. Periodically, sprinkler systems including valves and piping are to be examined internally.

1. The system shall be inspected internally for signs of blockages, corrosion, pipe wall thickness loss and scale buildup every five years and immediately if any unfavorable conditions such as listed below in Item 2 are present.
2. The system shall be examined for unfavorable conditions that could result in a malfunction of the system. The contractor shall examine the system for:
  - Defective screens at pump intakes
  - Debris and obstructive material discharged during routine water tests, such as from hydrant water flow tests or 2-inch main drain tests.
  - Debris found in dry-pipe valves, check valves and fire pumps during maintenance
  - Heavy discoloration of water during 2-inch drain tests, or plugging of the inspector's test connection
  - Plugged piping, which is found during system alterations or after system failure during fires.
  - Failure to flush underground mains following installation or repairs.
  - A record of broken water mains in the area.
  - Abnormally frequent false tripping of the dry valve
  - Pinhole leaks
  - A 50 percent increase in the time it takes water to travel to the inspector's test connection from the time the valve trips during a full flow trip test of a dry pipe sprinkler system when compared to the original system acceptance test
  - Check Valves- Shall be inspected internally to verify that all components operate correctly, move freely and are in good condition.
3. The internal investigation of piping and branch line conditions shall be conducted on each system by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line to investigate for the presence of foreign matter. The consultant shall examine available sprinkler testing reports and logs for each sprinkler system. Discussions with the owner shall be conducted to determine the history of the sprinkler system in terms of operational problems and/or repairs. If there are serious deficiencies found with the sprinkler system based on an internal inspection that will cause the system to malfunction and not operate properly in the event of a fire, the owner shall be immediately notified in order to initiate an impairment procedure in accordance with NFPA 13.
4. Water Storage Tanks - Perform interior inspection for pitting, corrosion, spalling, rot or other forms of deterioration, waste material, aquatic growth and local or general failure of interior coatings.

5. Digital photos must be taken of internal components inspected. Copies are to be provided to the owner.

#### IV. REPORTING REQUIREMENTS

- A. Records shall be completed for all inspections, tests and procedures including results from sprinkler head testing performed. Records shall indicate the procedures performed, the organization that performed the work, the results and the date completed.

**It is required as part of this contract that the contractor complete and submit to the owner National Fire Sprinkler Association forms "Inspection, Testing and Maintenance of Fire Sprinkler Systems" or equivalent as deemed acceptable by OWPDD as appropriate for the inspection and testing work being performed. The required forms are available from the National Fire Sprinkler Association located in Patterson, New York.**

- B. Meet with the Owner's Representative after each testing and inspection visit is completed to discuss the findings. The "Owner's Representative" shall be identified by the facility Plant Superintendent or Chief Safety Officer. Each operational and maintenance issue found during the service shall be identified in the report forms and necessary remedial action, if any, explained to the owner by the contractor.
- C. The contractor shall complete all inspection and testing report forms in a complete and legible manner. A copy of each report shall be delivered to the owner's representative. A second copy of the report shall be physically left at the building inspected. The contractor shall keep a copy of the inspection for the permanent record.

#### V. MINOR REPAIRS AND ADJUSTMENTS

- A. As part of this contract, the contractor shall perform all routine adjustments as necessary during the course of the testing and inspection to ensure proper operation of the equipment.
- B. Minor repairs to the sprinkler system shall be made by the contractor. Minor repairs are to be identified prior to the work being done and submitted to the owner for approval. Once approved by the owner, the work shall be done prior to the next quarterly inspection. If the repair is deemed to be of a serious nature and required to maintain the system operational and effective, it should immediately be brought to the attention of the owner so that proper action can be taken.

#### APPENDIX A - LIST OF BUILDINGS

(Facility to attach list of buildings here)

## Division of Quality Improvement

44 Holland Avenue  
Albany, NY 12229

TEL: 518-474-3625

FAX: 518-486-1728

TTY: 866-933-4889

[www.opwdd.ny.gov](http://www.opwdd.ny.gov)

### Standardized Evacuation Drill Forms:

The Division of Quality Improvement and the Office of Safety and Security for OPWDD have developed standardized evacuation report forms which are to be utilized in all certified residential programs, and Day Programs. These forms were developed based on the occupancy requirements of various programs within OPWDD. The finalized versions of these forms were formatted based on comments and recommendations from the DDSO Districts and Provider Agencies. We would like to thank everyone for taking the time to review and comment on the draft evacuation report forms throughout the past several months. Your input and cooperation has been most helpful.

The following are additional clarifications regarding the implementation of these forms:

- There are 5 different forms that encompass the multiple types of occupancy found throughout OPWDD programs; each form includes a detailed instructional sheet to assist your staff in completing the form.
- Evacuation Drill forms for Board and Care, Prompt and Slow occupancies, require a check mark to indicate the evacuation time frame for each individual. These parameters will only need to be populated when the evacuation is supervised. In cases of an unsupervised evacuation drill this section will be left blank.
- Post Drill review would only be conducted after evacuations in which multiple staff members participated, it is understood that this section would be left blank in cases where only 1 staff member were on duty during the drill.
- Please note that these forms are expected to be used as received and should not be modified in any way.
- Drill forms should be disseminated throughout your agencies and in use by July 2, 2012.

If additional information is required, please don't hesitate to contact the Office of Safety and Security or your local division of Quality Improvement Office.

## Essential Elements of a Fire Evacuation Plan

While planning for every situation that may occur in any type of an emergency is impossible, being as prepared as possible is important. All fire plan must be “site-specific”. Evacuation routes and safe areas will be different for each agency facility and these must be detailed in the plan. However, the following minimum elements are essential to all facility fire plans:

### COMPONENTS OF ACCEPTABLE FIRE PLANS

1. The plan must detail the specific actions to be taken upon:
  - a) Actual discovery of the fire;
  - b) Smelling smoke; and/or
  - c) Hearing the alarm
2. How to safely check and enter rooms during the evacuation process
3. How to evaluate evacuation priority
4. Individual staff responsibilities during the evacuation process
5. An identified safe area for head count
6. Notification of the fire department

The night shift is normally the least staffed shift and the one in which the residents are the most vulnerable should a real fire occur. The plan shall, therefore, address this worst-case scenario while including other duties to be assigned to any additional staff available on the day or evening shifts.

#### *1a. Actions to be taken upon discovery of a fire*

- This is the most important aspect of the fire plan. Staff must react decisively, promptly and in the correct sequence to assure maximum safety when they encounter a real fire situation.

The **RACE** acronym can be used to reinforce the extremely important sequence of rescuing, closing the door, pulling the alarm and then evacuating the building.

**R** – Rescue and Close the Door to the room of the fire origin.

**A** – Alarm – pull the nearest alarm box (or if there is none, alert everyone by shouting fire or other predetermined signal).

**C** – Confine the fire by closing all doors while exiting.

**E** – Evacuate the building by the closest exit and go to the designated meeting area.

#### *1b. Actions to be taken upon smelling smoke*

- If an individual smells smoke, he/she shall immediately pull the nearest alarm box and begin evacuating the floor he/she is on while carefully checking doors to see if they are hot. Revert to **RACE** when the fire is actually found. The staff must then go to their assigned meeting area(s).

### *1c. Actions to be taken when alarm sounds*

- Each staff person shall have an assigned area to look after in the event an alarm rings. Night shift staff shall be assigned responsibility for sleeping areas and/or particular floors.
- Staff may have several duties in addition to evacuating an area (e.g. staying at the designated safe area to ensure individuals do not wander back into the house and/or away from the residence, check the panel box to determine the location of the fire and direct critical assets to that location, contact the fire department from the building next door or the municipal pull box.) These duties shall be specifically explained and assigned to staff when they report for duty.

### *2. How to safely enter rooms during the evacuation process*

- All plans shall have instruction on how to safely enter rooms during a fire emergency. It is important that staff is aware of the dangers of flash-over and how entering a room too quickly could be disastrous. The staff member shall touch the door to determine if it is hot. If it is, staff shall proceed to the adjacent room.

### *3. How to evaluate evacuation priority*

- Plans shall reflect consideration given to the specific needs of the individuals (e.g. cognition, motor skills, ability to follow directions,) as well as their location within the house, proximity to exits, etc.

### *4. Individual staff responsibilities during an evacuation*

- All plans must list the specific responsibilities of staff during the evacuation process. Staff shall be given assignments by floor/area, rather than being assigned to specific residents, excepts when an individual requires two staff to evacuate or has been designated to have 1:1 staffing. All staff must know exactly what their job is when the alarm sounds and must be trained to react properly and quickly.

### *5. Identified site for the safe area*

- All plans shall identify a specific location to gather after evacuating to determine if everyone evacuated safely. The "safe area" shall be at a safe distance from the building, avoiding roads, fire hydrants and areas to which rescue equipment/personnel may need access.

### *6. Notifying the fire department*

- Some facilities have a direct line to the local fire department or a central monitoring station, most have only a local alarm and, therefore, at some point the fire department must be notified. In most cases, notifications of fire department occur after all individuals have evacuated.

## **ESSENTIAL ELEMENTS OF FIRE DRILL REPORTING**

Fire drills and evacuation drills are required by OPWDD in certified settings for a variety of reasons. First and foremost, the safety of individuals that we serve is always the highest priority and fire safety is an essential safeguard. There are a number of specific regulatory requirements that relate to fire safety and the need for fire and evacuation drills at supervised settings such as Intermediate Care Facilities, Supervised CR's and IRA's, Private Schools, Day Treatment Programs, Day Habilitation Programs and Day Training Programs.

Fire and evacuation drills are specifically required in all setting that are certified using the Life Safety Code. The Life Safety Code, published by the National Fire Protection Association, provides a reasonable level of life safety, but it is only one component. Staff Action and proper planning for emergencies is crucial. In IRA's fire safety and fire drills are an integral part of the concept of Protective Oversight. For individuals enrolled in Medicaid Service Coordination the agency must maintain an accurate assessment regarding his or her capacity to evacuate, and the assessment must be performance based.

Fire drills and evacuation drills are also essential to ensure that all staff on all shifts are trained to perform their assigned tasks outlined in the facility's evacuation plan and to ensure that all staff on all shifts are familiar with the use of the facility's fire protection equipment. In addition, individuals who are capable should be trained to participate and respond to fires or other emergency conditions.

Drills also serve to provide agencies with a mechanism for evaluating the effectiveness of evacuation and disaster plans on an on-going basis and to capture information on changes in consumer status. Changes such as those resulting from advancing age, medical changes or new admissions may result in the need to modify the physical environment of the facility, revise the evacuation plan or provide additional staff resources to the facility to meet consumer needs.

Many individuals live in supportive settings such as 'supportive' CR's and IRA's not staffed 24 hours a day. In these types of settings there is an underlying presumption and requirement that individuals be independently evacuating, which means that they are able to initiate and complete an evacuation of their home or other environments in which they spend time, in three minutes or less without any prompts or assistance.

Just as in the supervised settings described above, individuals who live in supportive settings must be assessed on an on-going basis to ensure that they maintain their independent evacuation capabilities. Changes in consumer status resulting from advancing age or medical changes may result in the need to modify the physical environment of the facility or may result in the need to reassess the viability of the consumer continuing to be able to live in the supportive setting.

In all settings, individuals should be aware of the facility's policies and procedures regarding the need to conduct fire and evacuation drills to the extent possible, so drills should not come as a surprise. Individuals should understand that their ability to demonstrate independent evacuation skills on an on-going basis is a requirement for participation in the supportive housing program as well as being in their own best interest even though it may result in occasional personal inconvenience.

## **FIRE DRILL REQUIREMENTS**

The following outlines the most salient features of what is expected in a reasonably complete fire drill report. Remember that drills are only one component required for fire safety and must be coordinated closely with the actual fire evacuation plans which is discussed in detail in another section.

- Program participants and staff must be aware of the facility's policies and procedures regarding the need to conduct fire and evacuation drills.
- All facilities must have a written evacuation plan (discussed in greater detail in another section) and staff must be regularly trained in the implementation of the plan. In some Life Safety Code certified settings, it is required that staff reviews the evacuation plan every two months. Facilities should extend this proactive measure to other settings.
- Drills shall be conducted at varied times of the day and night and under circumstances which include; shift, time of day, day of the week, weather conditions, etc. The overnight shift drills at Life Safety Code homes shall be conducted after the first half hour of sleep and during the first three hours of sleep. This is the period of time referenced in NFPA 101A, related to a consumer's ability to respond to an alarm during a period of sleep when he or she is most likely in the soundest sleep. Conducting drills during this period of sleep at other certified residential program types is strongly recommended, as it is the best way to gauge the consumer's ability to be awakened by an alarm.
- Fire drill scenarios shall be based on a fire potentially starting in a variety of locations within the building, such as laundries, kitchens, mechanical rooms, garages, common living areas or an individual's bedroom. Staff and individuals shall have an opportunity to participate and practice in a variety of scenarios since the location of a fire will influence which exit is used or the order in which various steps within the evacuation plan are implemented.
- The requirement for the frequency of fire drills varies depending on the type of facility in question and the specific regulatory requirements for that facility as well as the agency's policies and procedures. As a general guideline however, in supervised residential facilities a minimum frequency of one drill per shift per quarter is recommended. In day program a minimum frequency of one drill per quarter is recommended.
- Each staff member must participate in at least one full evacuation drill per year. This is a minimum requirement.
- All fire and evacuation drills or events MUST be documented on the standardized form (See Attachment).
- Any Significantly problematic drills such as a circumstance where a consumer could not be evacuated due to refusal etc. should be addressed by the agency administrative staff within 24 hours. Actions taken may involve a repeat drill, consumer counseling etc.
- The length of time a drill takes and whether or not that time is acceptable is dependent on the type of facility in question and whether or not the facility is certified using the Life Safety Code. The general rule for the public at large and for individuals in non-Life Safety Code certified setting is that evacuation will take three minutes or less.
- If staff are going to observe a fire drill but are not going to participate, they should ensure that they do not inadvertently influence individuals by not evacuating with the group. Staff who are observing should try to position themselves so that they are not readily visible. Individuals should not be exposed to mixed messages during an evacuation drill.

- Fire drills and evacuation drills should always be initiated using the facility's fire alarm system so that individuals and staff are fully familiar with the sound of the system and will immediately realize the significance of the situation and take appropriate action.
- Once the fire alarm sounds staff should immediately react based on the training they have received regarding implementation of the evacuation plan as well as the principles inherent in the R.A.C.E system. Staff should not be trying to guess if this is a drill or a false alarm. If staff does not take the alarm seriously, individuals will not take it seriously. Staff's only responsibility is to get everyone out (or, in certain limited circumstances, move people to a point of safety). Answering the phone, finding possessions or deciding whether or not to try using a fire extinguisher are all peripheral concerns.
- Staff and individuals should remain outside the building in an evacuation drill until the all clear is given. Once outside, staff's main responsibility is to ensure that all individuals and other building occupants are accounted for and that they remain accounted for until the all clear signal is given. Individuals must be supervised to ensure that no one tries to reenter the home.

### **FIRE AND EVACUATION DRILLS IN SUPPORTIVE SETTINGS:**

Many individuals live in supportive settings such as supportive CR's and non-24 hour staffed IRAs. In these types of settings there is an underlying presumption and requirement that individuals independently evacuate, which means that individuals are able to initiate and complete an evacuation of their home or other environments in which they spend time, in three minutes or less without any prompts or assistance.

- Individuals who live in supportive settings must be assessed on an on-going basis to ensure that they maintain their independent evacuation capabilities.
- Changes in consumer status resulting from advancing age or medical changes may result in the need to modify the physical environment of the facility or may result in the need to assess the viability of the consumer continuing to be able to live in the supportive setting.
- Conducting an unannounced evacuation drill in a supportive setting can be challenging due to the issues of access to the home's fire safety equipment and expectations of personal privacy. One method some agencies have developed involves the use of a cell phone. It is usually not practical to enter a consumer's home, especially during hours of sleep, in order to set off a smoke detector. Instead, staff stations themselves in a location such as an apartment building's common corridor and then call the consumer on the phone. When the consumer answers the phone, staff announces that this is a fire drill and then observes the consumer's response.
- As in all other settings, the program participants should be aware of the facility's policies and procedures regarding the need to conduct fire and evacuations drills, so drills should not come as a surprise. Individuals should understand that their ability to demonstrate independent evacuation skills on an on-going basis is a requirement for participation in the supportive housing program as well as being in their own best interest even though it may result in occasional personal inconvenience.
- There is no specific frequency requirement for fire drills in supportive settings in applicable regulation but as in other settings, the assessment of individuals regarding their self-evacuation capabilities should be performance based. Supportive settings require four drills per year; recommended best practice is two drills conducted when the consumer is asleep.

# Essential Elements of Fire Safety Training

Buildings may be constructed to the highest building code and life safety standards but in reality, they are only as safe as the behaviors of their occupants. Staff at all OPWDD residential and day facilities must know and practice fire prevention and fire safety. Shall a fire still occur, occupants must have practiced and be thoroughly familiar with evacuation procedures to maximize the benefits of the building's fire safety features. Fire Safety Training is the single most important element to ensure everyone is safeguarded in case of a fire emergency.

The following guidelines, practices and recommendations have been taken from the current fire safety training practices of various DDSOs and COMPASS agencies, the NFPA 101 (Life Safety Code) and NFPA 1 (Uniform Fire Code) as well as the New York State Uniform Fire Prevention and Building Codes.

Those who train others in fire safety must be totally committed to the importance of fire safe behavior, have the necessary knowledge to communicate accurate fire safety information and model fire safe behavior.

Staff training curricula for fire safety shall reflect the following content and characteristics:

## CONTENT

1. The **properties of fire** (what is the fire 'triangle', (Oxygen, heat, fuel), causes and effects of fire and smoke, what is flashover and its dangers, fire spread, etc.)
2. **Understanding human behavior** during fire emergencies; overcoming common misconceptions
3. **Fire safety systems** and their proper uses
  - Fire alarms/pull stations
  - Fire extinguishers, sprinkler systems, smoke detector, carbon monoxide detectors, etc., fire doors
4. Fire **Safe Practices** (i.e. How to prevent fires from happening in the conduct of staff assigned duties).
5. Site specific evacuation plans and **RACE** (Rescue, Alarm, Confine, Evacuate)
  - Fire drill training shall reflect the philosophy that drills are not only for staff but for residents as well.
  - Evacuation plans have components for, and are understandable to individuals as appropriate (e.g. large pictures or other audio/visual devices for fire and/or smoke for training in alternate exiting locations, symbols, etc.)

6. Knowledge and identification of potential hazards
  - Electrical hazards
  - Fuel loading
  - Candles and open flame devices
  - Cooking
  - Halogen lighting
  - Live Christmas trees and vegetation
  - Impact of individual behaviors on the safety of others
  - Smoking inside and outside the building

### **CHARACTERISTICS**

1. Staff conducting fire safety training shall consider the need to include outside experts such as fire department personnel, local code enforcement officials, and fire alarm and sprinkler consultants.
2. **Multi model instruction techniques** (in person training, videos on fire safety from NFPA and other sources, hands on equipment use and demonstration), use of real life examples.
3. **Hands on** training with fire safety equipment as appropriate.
4. **Evaluation of training:** the agency shall ensure that all staff have received training and understand the concepts of Fire and Fire Safety.
5. **Refresher training** occurs on an ongoing basis with attendance records maintained.

## Board & Care Impractical Evacuation Report Form (Instruction Sheet)

DO NOT MAKE ANY CHANGES TO THIS FORM

Site Address: <i>Physical/Street Address</i>		DDSO/Provider Agency: <i>Name of DDSO and Provider Agency</i>		
Date: <i>Date of activation</i>	Time Evacuation Started: ____:____ am/pm	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		
Total time to evacuate to ground level outside the building : <i>Actual recorded length of drill</i> <input type="checkbox"/> N/A		Total time for all to reach the safe area : <i>Additional time to reach safe area, not included in length of drill</i> <input type="checkbox"/> N/A		
Centrally Monitored Fire Alarm Station: <input type="checkbox"/> Yes <input type="checkbox"/> No		Time Monitoring Station Notified of Drill:		
Weather Conditions: <i>Conditions at time of drill</i>		Time Monitoring Station Reactivated: <i>If Centrally Monitored</i>		
		Time Monitoring Station Received Alarm:		
Method of Alarm Activation: <input type="checkbox"/> Pull Station <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Other :				
Evacuation Type: <input type="checkbox"/> Full Evacuation to Outside <input type="checkbox"/> Other :				
Type of Evacuation: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Supervised				
Location of Simulated Fire: <i>Example fire simulation scenarios-kitchen, bedroom, etc.</i>				
Blocked Exits by Simulated Fire: <input type="checkbox"/> No <input type="checkbox"/> Yes Location:				
Name of Individuals Residing in the Residence:	Location (including away) at the time of the Evacuation:	Individuals Response Codes		Evacuation Details:
		To Evacuate	At Safe Area	
<i>List all individuals residing at site. If Individual is not present for drill, indicate this in description.</i>			<i>Explain Individual specific evacuation strategy.</i>	
<b>Individual Response Code Definitions</b>				
<i>Independent:</i>		<i>Requires no staff assistance or prompting to complete the evacuation.</i>		
<i>Verbal Prompt:</i>		<i>A verbal direction.</i>		
<i>Intermittent Physical:</i>		<i>The resident may need some limited physical assistance from staff, but can complete most of the evacuation without additional assistance.</i>		
<i>Physical Dependent:</i>		<i>The resident requires physical assistance from staff during most of the evacuation.</i>		
<i>Resistive:</i>		<i>The resident might offer resistance to the evacuation which requires the full attention of one or more staff to complete the evacuation.</i>		
<i>Gestural Prompt:</i>		<i>A nonverbal direction</i>		
Response Codes: * I=Independent *VP= Verbal Prompt *IP= Intermittent Physical **P/D=Physical/Dependent *R=Resistive *GP=Gestural Prompt				

Description of the Evacuation:     *Include specific details of the evacuation.*    

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Problems Noted/Correction Actions Taken: *Problems with the evacuation; outside lighting or ambulation issues, obstructions etc; corrective actions taken such as retraining, additional staff, etc.*

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<u>Staff Participating in the Evacuation:</u>	<u>Print Name</u>	<u>Signature/Title</u>
	<i>Be sure to Print and Sign your OWN name only</i>	
	_____	_____
	_____	_____
	_____	_____
	_____	_____

<u>Fire Safety Checklist:</u>		<u>Explanation/Corrective Action</u>
Did Evacuation proceed in accordance with Evac Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: unusually resistant individual</i>
Were all exits/escape routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: groceries kept in hallway</i>
Did Alarms, Bells, Horns & Strobes Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: strobe in hall outage etc</i>
Did Outside Lighting Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: night drill parking light out</i>
Did all Fire Doors close and latch:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: door did not close</i>
Did Magnetic Locks release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: magnet lock did not release</i>
Did Magnetic Door Holders release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: magnet holder did not release</i>
Did Bed Shaker/Adaptive Alarms function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: shaker bed did not activate etc.</i>

<u>Observed Post Evacuation Review:</u>		<u>Explanation/Corrective Action</u>
Were all staff familiar with Site Specific Evacuation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff familiar with all exit locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff aware of pull box locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know locations of fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff understand the R.A.C.E. procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know how to contact emergency responders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All staff familiar with Individuals needs for safe evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Comments:		_____
		_____
		_____

Did Evacuation time meet location requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If No: Administrative staff must be immediately contacted, Administrator must determine if immediate remedial action is required or schedule a re-drill within 24 hours. Examples of corrective actions; re-drill, addition of staff, individual counseling, etc.</b>	
Administrator Contacted:	Action Taken:
Date/Time Contacted:	By Whom:

Was Drill Observed:  Yes  No If Yes, Drill Observed by: *(Name of administrator, fire safety representative, local fire department, or other appropriate person)*

Evacuation Conducted by: *(Staff member responsible for completion of drill and associated documentation)* \_\_\_\_\_

Administrator Reviewed by: *(Such as Team Leader, Program Coordinator, etc.)* \_\_\_\_\_

**If additional space is required please use Healthcare/Board & Care Impractical Supplemental Information Sheet**



Problems Noted/Correction Actions Taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Staff Participating in the Evacuation:</u>	<u>Print Name</u>	<u>Signature/Title</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

<u>Fire Safety Checklist:</u>		<u>Explanation/Corrective Action</u>
Did Evacuation proceed in accordance with Evac Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all exits/escape routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Alarms, Bells, Horns & Strobes Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Outside Lighting Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did all Fire Doors close and latch:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Locks release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Door Holders release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Bed Shaker/Adaptive Alarms function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____

<u>Observed Post Evacuation Review:</u>		<u>Explanation/Corrective Action</u>
Were all staff familiar with Site Specific Evacuation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff familiar with all exit locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff aware of pull box locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know locations of fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff understand the R.A.C.E. procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know how to contact emergency responders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All staff familiar with Individuals needs for safe evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Comments:	_____	
	_____	
	_____	

Did Evacuation time meet location requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If No: Administrative staff must be immediately contacted, Administrator must determine if immediate remedial action is required or schedule a re-drill within 24 hours. Examples of corrective actions; re-drill, addition of staff, individual counseling, etc.</b>	
Administrator Contacted:	Action Taken:
Date/Time Contacted:	By Whom:

Was Drill Observed:  Yes  No If Yes, Drill Observed by: \_\_\_\_\_

Evacuation Conducted by: \_\_\_\_\_

Administrator Reviewed by: \_\_\_\_\_

**If additional space is required please use Healthcare/Board & Care Impractical Supplemental Information Sheet**

**Board & Care Chapter 33 (Prompt & Slow)  
Evacuation Report Form (Instruction Sheet)**

**DO NOT MAKE ANY CHANGES TO THIS FORM**

Prompt 3 Minutes       Fast-Slow 8 Minutes       Slow-Slow 13 Minutes

Site Address: <i>Physical/Street Address</i>		DDSO/Provider Agency: <i>Name of DDSO and Provider Agency</i>					
Date: <i>Date of activation</i>	Time Evacuation Started: ____:____ am/pm	<input type="checkbox"/> Day	<input type="checkbox"/> Evening <input type="checkbox"/> Night				
Total time to evacuate to ground level outside the building : <i>Actual recorded length of drill</i> <input type="checkbox"/> N/A		Total time for all to reach the safe area : <i>Additional time to reach safe area, not included in length of drill</i> <input type="checkbox"/> N/A					
Centrally Monitored Fire Alarm Station: <input type="checkbox"/> Yes <input type="checkbox"/> No		Time Monitoring Station Notified of Drill:					
Weather Conditions: <i>Conditions at time of drill</i>		Time Monitoring Station Reactivated: <i>If Centrally Monitored</i>					
		Time Monitoring Station Received Alarm:					
Method of Alarm Activation: <input type="checkbox"/> Pull Station <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Other :							
Evacuation Type: <input type="checkbox"/> Full Evacuation to Outside <input type="checkbox"/> Other :							
Type of Evacuation: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Supervised							
Location of Simulated Fire: <i>Example fire simulation scenarios-kitchen, bedroom, etc.</i>							
Blocked Exits by Simulated Fire: <input type="checkbox"/> No <input type="checkbox"/> Yes    Location:							
Name of Individuals Participating In the Evacuation:	Location (including away) at the time of the Evacuation:	Individuals Response Codes		Exits Used:	Individuals Evacuation Time for, Prompt and Slow Occupancies:		
		To Evacuate	At Safe Area		<90 seconds	90-150 seconds	>150 seconds
<i>List all individuals residing at site. If Individual is not present for drill, indicate this in description.</i>					<i>Individual's evacuation times shall be recorded for prompt and slow occupancies, by placing a check mark in the respective column.</i>		
<u>Individual Response Code Definitions</u>							
<i>Independent:</i>	<i>Requires no staff assistance or prompting to complete the evacuation.</i>						
<i>Verbal Prompt:</i>	<i>A verbal direction.</i>						
<i>Intermittent Physical:</i>	<i>The resident may need some limited physical assistance from staff, but can complete most of the evacuation without additional assistance.</i>						
<i>Physical Dependent:</i>	<i>The resident requires physical assistance from staff during most of the evacuation.</i>						
<i>Resistive:</i>	<i>The resident might offer resistance to the evacuation which requires the full attention of one or more staff to complete the evacuation.</i>						
<i>Gestural Prompt:</i>	<i>A nonverbal direction.</i>						
Response Codes: * I=Independent *VP= Verbal Prompt *IP= Intermittent Physical **P/D=Physical/Dependent *R=Resistive *GP=Gestural Prompt							

Description of the Evacuation:   *Include specific details of the evacuation.*  

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problems Noted/Correction Actions Taken: *Problems with the evacuation; outside lighting or ambulation issues, obstructions etc; corrective actions taken such as retraining, additional staff, etc.*

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**Staff Participating in the Evacuation:**

<u>Print Name</u>	<u>Signature/Title</u>
<i>Be sure to Print and Sign your OWN name only</i>	
_____	_____
_____	_____
_____	_____
_____	_____

<u>Fire Safety Checklist:</u>	<u>Explanation/Corrective Action</u>
Did Evacuation proceed in accordance with Evac Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: unusually resistant individual</i>
Were all exits/escape routes clear of obstructions: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: groceries kept in hallway</i>
Did Alarms, Bells, Horns & Strobes Function Properly: <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: strobe in hall outage etc</i>
Did Outside Lighting Function Properly: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: night drill parking light out</i>
Did all Fire Doors close and latch: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: door did not close</i>
Did Magnetic Locks release by Alarm Activation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: magnet lock did not release</i>
Did Magnetic Door Holders release by Alarm Activation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: magnet holder did not release</i>
Did Bed Shaker/Adaptive Alarms function properly: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: shaker bed did not activate etc.</i>

<u>Observed Post Evacuation Review:</u>	<u>Explanation/Corrective Action</u>
Were all staff familiar with Site Specific Evacuation Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff familiar with all exit locations: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know locations of fire extinguishers: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff understand the R.A.C.E. procedure: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know how to contact emergency responders: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All staff familiar with Individuals needs for safe evacuation: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff aware of pull box locations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____

Comments: \_\_\_\_\_

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Did Evacuation time meet location requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No (Prompt 3 Minutes or Less) (Slow 13 Minutes or Less)	
<b>If No: Administrative staff must be immediately contacted, Administrator must determine if immediate remedial action is required or schedule a re-drill within 24 hours. Examples of corrective actions; re-drill, addition of staff, individual counseling, etc.</b>	
Administrator Contacted:	Action Taken:
Date/Time Contacted:	By Whom:

Was Drill Observed:  Yes  No If Yes, Drill Observed by: *(Name of administrator, fire safety representative, local fire department, or other appropriate person)*

Evacuation Conducted by: *(Staff member responsible for completion of drill and associated documentation)* \_\_\_\_\_

Administrator Reviewed by: *(Such as Team Leader, Program Coordinator, etc.)* \_\_\_\_\_

**If additional space is required please use Board & Care (Prompt & Slow) Supplemental Information Sheet**



Problems Noted/Correction Actions Taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Staff Participating in the Evacuation:</u>	<u>Print Name</u>	<u>Signature/Title</u>
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

<u>Fire Safety Checklist:</u>		<u>Explanation/Corrective Action</u>
Did Evacuation proceed in accordance with Evac Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all exits/escape routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Alarms, Bells, Horns & Strobes Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did outside lighting function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did all Fire Doors close and latch:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Locks release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Door Holders release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Bed Shaker/Adaptive Alarms function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____

<u>Observed Post Evacuation Review:</u>		<u>Explanation/Corrective Action</u>
Were all staff familiar with Site Specific Evacuation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff familiar with all exit locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All staff familiar with Individuals needs for safe evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know locations of fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff understand the R.A.C.E. procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know how to contact emergency responders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff aware of pull box locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Comments:	_____	
	_____	
	_____	

Did Evacuation time meet location requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No (Prompt 3 Minutes or Less) (Slow 13 Minutes or Less)	
<b>If No: Administrative staff must be immediately contacted, Administrator must determine if immediate remedial action is required or schedule a re-drill within 24 hours. Examples of corrective actions; re-drill, addition of staff, individual counseling, etc.</b>	
Administrator Contacted:	Action Taken:
Date/Time Contacted:	By Whom:

Was Drill Observed:  Yes  No If Yes, Drill Observed by: \_\_\_\_\_

Evacuation Conducted by: \_\_\_\_\_

Administrator Reviewed by: \_\_\_\_\_

**If additional space is required please use Board & Care (Prompt & Slow) Supplemental Information Sheet**



Fire Safety Checklist:

- Did Evacuation proceed in accordance with Evac Plan:  Yes  No
- Were all exits/escape routes clear of obstructions:  Yes  No
- Did Alarms, Bells, Horns & Strobes Function Properly:  Yes  No
- Did Outside Lighting Function Properly:  Yes  No  N/A
- Did all Fire Doors close and latch:  Yes  No  N/A
- Did Magnetic Locks release by Alarm Activation:  Yes  No  N/A
- Did Magnetic Door Holders release by Alarm Activation:  Yes  No  N/A
- Did Adaptive Alarms function properly:  Yes  No  N/A

Explanation/Corrective Action

- example: unusually resistant individual*
- example: groceries kept in hallway*
- example: strobe in hall out etc.*
- example: night drill parking light out*
- example: door did not close*
- example: magnet lock did not release*
- example: magnet holder did not release*
- example: adaptive device did not activate etc.*

Observed Post Evacuation Review:

- Were all staff familiar with Site Specific Evacuation Plan:  Yes  No
- Were all staff familiar with all exit locations:  Yes  No
- Were all staff aware of pull box locations:  Yes  No
- Do all staff know locations of fire extinguishers:  Yes  No
- Do all staff understand the R.A.C.E. procedure:  Yes  No
- Do all staff know how to contact emergency responders:  Yes  No
- All staff familiar with Individuals needs for safe evacuation:  Yes  No

Explanation/Corrective Action

Comments: \_\_\_\_\_

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Was Drill Observed:  Yes  No If Yes, Drill Observed by: *(Name of administrator, fire safety representative, local fire department, or other appropriate person)* \_\_\_\_\_

Evacuation Conducted by: *(Staff member responsible for completion of drill and associated documentation)* \_\_\_\_\_

Administrator Reviewed by: *(Such as Team Leader, Program Coordinator, etc.)* \_\_\_\_\_



Fire Safety Checklist:

Explanation/Corrective Action

Did Evacuation proceed in accordance with Evac Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all exits/escape routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Alarms, Bells, Horns & Strobes Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Outside Lighting Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did all Fire Doors close and latch:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Locks release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Door Holders release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Adaptive Alarms function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____

Observed Post Evacuation Review:

Explanation/Corrective Action

Were all staff familiar with Site Specific Evacuation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff familiar with all exit locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff aware of pull box locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know locations of fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff understand the R.A.C.E. procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know how to contact emergency responders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All staff familiar with Individuals needs for safe evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Comments: \_\_\_\_\_

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Was Drill Observed:  Yes  No If Yes, Drill Observed by: \_\_\_\_\_

Evacuation Conducted by: \_\_\_\_\_

Administrator Reviewed by: \_\_\_\_\_

## Health Care Evacuation Report Form (Instruction Sheet)

DO NOT MAKE ANY CHANGES TO THIS FORM

Site Address: <i>Physical/Street Address</i>		DDSO/Provider Agency: <i>Name of DDSO and Provider Agency</i>		
Date: <i>Date of activation</i>	Time Evacuation Started: ____:____ am/pm		<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Total time to evacuate to ground level outside the building : <i>Actual recorded time to fully evacuate</i> <input type="checkbox"/> N/A		Total time for all to reach the safe area : <i>Additional time to reach safe area, not included in length of drill</i> <input type="checkbox"/> N/A		
Total time for horizontal evacuation / implement defend in place strategy : <i>Actual recorded time to use either method</i>		Time Monitoring Station Notified of Drill:		
Centrally Monitored Fire Alarm Station: <input type="checkbox"/> Yes <input type="checkbox"/> No		Time Monitoring Station Reactivated: <i>If Centrally Monitored</i>		
Weather Conditions: <i>Conditions at time of drill</i>		Time Monitoring Station Received Alarm:		
Method of Alarm Activation: <input type="checkbox"/> Pull Station <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Other :				
Evacuation Type: <input type="checkbox"/> Full Evacuation to Outside <input type="checkbox"/> Horizontal Evacuation <input type="checkbox"/> Defend in Place <input type="checkbox"/> Other :				
Type of Evacuation: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Supervised				
Location of Simulated Fire: <i>Example fire simulation scenarios-kitchen, bedroom, etc.</i>				
Blocked Exits by Simulated Fire: <input type="checkbox"/> No <input type="checkbox"/> Yes Location:				
Name of Individuals Residing in the Residence:	Location (including away) at the time of the Evacuation:	Individuals Response Codes		Evacuation Details:
		To Evacuate	At Safe Area	
<i>List all individuals residing at site. If Individual is not present for drill, indicate this in description.</i>			<i>Explain Individual specific evacuation strategy.</i>	
<b>Individual Response Code Definitions</b> <i>Independent: Requires no staff assistance or prompting to complete the evacuation.</i> <i>Verbal Prompt: A verbal direction.</i> <i>Intermittent Physical: The resident may need some limited physical assistance from staff, but can complete most of the evacuation without additional assistance.</i> <i>Physical Dependent: The resident requires physical assistance from staff during most of the evacuation.</i> <i>Resistive: The resident might offer resistance to the evacuation which requires the full attention of one or more staff to complete the evacuation.</i> <i>Gestural Prompt: A nonverbal direction.</i>				
Response Codes: * I=Independent *VP= Verbal Prompt *IP= Intermittent Physical **P/D=Physical/Dependent *R=Resistive *GP=Gestural Prompt				

Description of the Evacuation:     *Include specific details of the evacuation.*    

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Problems Noted/Correction Actions Taken: *Problems with the evacuation; outside lighting or ambulation issues, obstructions etc; corrective actions taken such as retraining, additional staff, etc.*

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<u>Staff Participating in the Evacuation:</u>	<u>Print Name</u>	<u>Signature/Title</u>
	<i>Be sure to Print and Sign your OWN name only</i>	
	_____	_____
	_____	_____
	_____	_____
	_____	_____

<u>Fire Safety Checklist:</u>		<u>Explanation/Corrective Action</u>
Did Evacuation proceed in accordance with Evac Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: unusually resistant individual</i>
Were all exits/escape routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: groceries kept in hallway</i>
Did Alarms, Bells, Horns & Strobes Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: strobe in hall outage etc</i>
Did Outside Lighting Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: night drill parking light out</i>
Did all Fire Doors close and latch:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: door did not close</i>
Did Magnetic Locks release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: magnet lock did not release</i>
Did Magnetic Door Holders release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: magnet holder did not release</i>
Did Bed Shaker/Adaptive Alarms function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: shaker bed did not activate etc.</i>

<u>Observed Post Evacuation Review:</u>		<u>Explanation/Corrective Action</u>
Were all staff familiar with Site Specific Evacuation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff familiar with all exit locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff aware of pull box locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know locations of fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff understand the R.A.C.E. procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know how to contact emergency responders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All staff familiar with Individuals needs for safe evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Comments:	_____	
	_____	
	_____	

Did Evacuation time meet location requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If No: Administrative staff must be immediately contacted, Administrator must determine if immediate remedial action is required or schedule a re-drill within 24 hours. Examples of corrective actions; re-drill, addition of staff, individual counseling, etc.</b>	
Administrator Contacted:	Action Taken:
Date/Time Contacted:	By Whom:

Was Drill Observed:  Yes  No If Yes, Drill Observed by: *(Name of administrator, fire safety representative, local fire department, or other appropriate person)*

Evacuation Conducted by: *(Staff member responsible for completion of drill and associated documentation)* \_\_\_\_\_

Administrator Reviewed by: *(Such as Team Leader, Program Coordinator, etc.)* \_\_\_\_\_

**If additional space is required please use Healthcare/Board & Care Impractical Supplemental Information Sheet**



Problems Noted/Correction Actions Taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Staff Participating in the Evacuation:</u>	<u>Print Name</u>	<u>Signature/Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Fire Safety Checklist:</u>		<u>Explanation/Corrective Action</u>
Did Evacuation proceed in accordance with Evac Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all exits/escape routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Alarms, Bells, Horns & Strobes Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Outside Lighting Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did all Fire Doors close and latch:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Locks release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Door Holders release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Bed Shaker/Adaptive Alarms function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____

<u>Observed Post Evacuation Review:</u>		<u>Explanation/Corrective Action</u>
Were all staff familiar with Site Specific Evacuation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff familiar with all exit locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff aware of pull box locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know locations of fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff understand the R.A.C.E. procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know how to contact emergency responders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All staff familiar with Individuals needs for safe evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Comments:	_____	_____
_____	_____	_____
_____	_____	_____

Did Evacuation time meet location requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If No: Administrative staff must be immediately contacted, Administrator must determine if immediate remedial action is required or schedule a re-drill within 24 hours. Examples of corrective actions; re-drill, addition of staff, individual counseling, etc.</b>	
Administrator Contacted:	Action Taken:
Date/Time Contacted:	By Whom:

Was Drill Observed:  Yes  No If Yes, Drill Observed by: \_\_\_\_\_

Evacuation Conducted by: \_\_\_\_\_

Administrator Reviewed by: \_\_\_\_\_

**If additional space is required please use Healthcare/Board & Care Impractical Supplemental Information Sheet**

**IRA**  
**Supervised Home Using a 3 Minute Evacuation Strategy**  
**Evacuation Report Form (Instruction Sheet)**

**DO NOT MAKE ANY CHANGES TO THIS FORM**

Site Address: <i>Physical/Street Address</i>		DDSO/Provider Agency: <i>Name of DDSO and Provider Agency</i>		
Date: <i>Date of activation</i>	Time Evacuation Started: ____:____ am/pm	<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night		
Total time to evacuate to ground level outside the building : <i>Actual recorded length of drill</i> <input type="checkbox"/> N/A		Total time for all to reach the safe area : <i>Additional time to reach safe area, not included in length of drill</i> <input type="checkbox"/> N/A		
Centrally Monitored Fire Alarm Station: <input type="checkbox"/> Yes <input type="checkbox"/> No		Time Monitoring Station Notified of Drill:		
Weather Conditions: <i>Conditions at time of drill</i>		Time Monitoring Station Reactivated: <i>If Centrally Monitored</i>		
		Time Monitoring Station Received Alarm:		
Method of Alarm Activation: <input type="checkbox"/> Pull Station <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Other :				
Evacuation Type: <input type="checkbox"/> Full Evacuation to Outside <input type="checkbox"/> Other :				
Type of Evacuation: <input type="checkbox"/> Announced <input type="checkbox"/> Unannounced <input type="checkbox"/> Supervised				
Location of Simulated Fire: <i>Example fire simulation scenarios-kitchen, bedroom, etc.</i>				
Blocked Exits by Simulated Fire: <input type="checkbox"/> No <input type="checkbox"/> Yes Location:				
Name of Individuals Residing in the Residence:	Location (including away) at the time of the Evacuation:	Individuals Response Codes		Exits Used:
		To Evacuate	At Safe Area	
<i>List all individuals residing at site. If Individual is not present for drill, indicate this in description.</i>			<i>List exit used by each individual</i>	
<i>Individual Response Code Definitions</i>				
<i>Independent: Requires no staff assistance or prompting to complete the evacuation.</i>				
<i>Verbal Prompt: A verbal direction.</i>				
<i>Intermittent Physical: The resident may need some limited physical assistance from staff, but can complete most of the evacuation without additional assistance.</i>				
<i>Physical Dependent: The resident requires physical assistance from staff during most of the evacuation.</i>				
<i>Resistive: The resident might offer resistance to the evacuation which requires the full attention of one or more staff to complete the evacuation.</i>				
<i>Gestural Prompt: A nonverbal direction.</i>				
Response Codes: * I=Independent *VP= Verbal Prompt *IP= Intermittent Physical **P/D=Physical/Dependent *R=Resistive *GP=Gestural Prompt				

Description of the Evacuation:     *Include specific details of the evacuation.*    

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Problems Noted/Correction Actions Taken: *Problems with the evacuation; outside lighting or ambulation issues, obstructions etc; corrective actions taken such as retraining, additional staff, etc.*

<u>Staff Participating in the Evacuation:</u>	<u>Print Name</u>	<u>Signature/Title</u>
	<i>Be sure to Print and Sign your OWN name only</i>	

<u>Fire Safety Checklist:</u>		<u>Explanation/Corrective Action</u>
Did Evacuation proceed in accordance with Evac Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: unusually resistant individual</i>
Were all exits/escape routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: groceries kept in hallway</i>
Did Alarms, Bells, Horns & Strobes Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>example: strobe in hall outage etc</i>
Did Outside Lighting Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: night drill parking light out</i>
Did all Fire Doors close and latch:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: door did not close</i>
Did Magnetic Locks release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: magnet lock did not release</i>
Did Magnetic Door Holders release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: magnet holder did not release</i>
Did Bed Shaker/Adaptive Alarms function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>example: shaker bed did not activate etc.</i>

<u>Observed Post Evacuation Review:</u>		<u>Explanation/Corrective Action</u>
Were all staff familiar with Site Specific Evacuation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were all staff familiar with all exit locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all staff know locations of fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all staff understand the R.A.C.E. procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all staff know how to contact emergency responders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
All staff familiar with Individuals needs for safe evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were all staff aware of pull box locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did Evacuation time meet location requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No (3 Minutes or less)	
<b>If No: Administrative staff must be immediately contacted, Administrator must determine if immediate remedial action is required or schedule a re-drill within 24 hours. Examples of corrective actions; re-drill, addition of staff, individual counseling, etc.</b>	
Administrator Contacted:	Action Taken:
Date/Time Contacted:	By Whom:

Was Drill Observed:  Yes  No If Yes, Drill Observed by: *(Name of administrator, fire safety representative, local fire department, or other appropriate person)*

Evacuation Conducted by: *(Staff member responsible for completion of drill and associated documentation)* \_\_\_\_\_

Administrator Reviewed by: *(Such as Team Leader, Program Coordinator, etc.)* \_\_\_\_\_

**If additional space is required please use Supplemental Information Sheet**



Problems Noted/Correction Actions Taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<u>Staff Participating in the Evacuation:</u>	<u>Print Name</u>	<u>Signature/Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Fire Safety Checklist:</u>		<u>Explanation/Corrective Action</u>
Did Evacuation proceed in accordance with Evac Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all exits/escape routes clear of obstructions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Alarms, Bells, Horns & Strobes Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Did Outside Lighting Function Properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did all Fire Doors close and latch:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Locks release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Magnetic Door Holders release by Alarm Activation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____
Did Bed Shaker/Adaptive Alarms function properly:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____

<u>Observed Post Evacuation Review:</u>		<u>Explanation/Corrective Action</u>
Were all staff familiar with Site Specific Evacuation Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff familiar with all exit locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know locations of fire extinguishers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff understand the R.A.C.E. procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Do all staff know how to contact emergency responders:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
All staff familiar with Individuals needs for safe evacuation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Were all staff aware of pull box locations:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did Evacuation time meet location requirement: <input type="checkbox"/> Yes <input type="checkbox"/> No (3 Minutes or less)	
<b>If No: Administrative staff must be immediately contacted, Administrator must determine if immediate remedial action is required or schedule a re-drill within 24 hours. Examples of corrective actions; re-drill, addition of staff, individual counseling, etc.</b>	
Administrator Contacted:	Action Taken:
Date/Time Contacted:	By Whom:

Was Drill Observed:  Yes  No If Yes, Drill Observed by: \_\_\_\_\_  
 Evacuation Conducted by: \_\_\_\_\_  
 Administrator Reviewed by: \_\_\_\_\_

**If additional space is required please use Supplemental Information Sheet**





