

# FAMILY CARE HOME FIRE DRILL EVACUATION REPORT FORM

Family Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Operating Certificate #: \_\_\_\_\_ Sponsoring Agency: \_\_\_\_\_

Date of Drill: \_\_\_\_\_ Observed Drill: Yes  No  By Whom? \_\_\_\_\_

Sleep Drill: Yes  No

Name of Family Care Individual	Location at Time of Drill	Exit Used to Evacuate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Time Drill Started: \_\_\_\_\_ AM PM Time Drill Ended at Safe Area: \_\_\_\_\_ AM PM

Method of Alarm Activation: Smoke Detector  Verbal  Other (Specify): \_\_\_\_\_

**Participant Response:**

No problems

Issues noted as follows: \_\_\_\_\_

Did the evacuation proceed in accordance with the Fire Evacuation Plan? Yes  No\*

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\*Notify sponsoring agency (Home Liaison or Family Care Coordinator) if evacuations do not proceed in accordance with the Fire Evacuation Plan so that plan adjustments and guidance can be provided.

\_\_\_\_\_  
(Signature of Family Care Provider)

Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_  
(Home Liaison)

Date: \_\_\_\_\_

\*At least one drill per year during sleep hours.

\*Drills must be conducted at varied times of the day, varied days of the week, using varied exits where applicable.

\*Every drill, regardless of weather, participant ability, or other factors, must end at the designated meeting place as noted in the Fire Evacuation Plan.