

## DLA CDC UNANNOUNCED MONTHLY EMERGENCY EVACUATION DRILL REPORT

Building Number	Date	Time
Name of a Fire Inspector		
Did the occupant have knowledge of the Fire Alarm System?	<input type="checkbox"/>	<input type="checkbox"/>
Did the occupant know the procedure to report a fire?	<input type="checkbox"/>	<input type="checkbox"/>
Was the alarm system activated?	<input type="checkbox"/>	<input type="checkbox"/>
Was the Communication Officer Nofified by Code "Yellow"?	<input type="checkbox"/>	<input type="checkbox"/>
Does the building have a posted evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>
Did the occupants proceed with the proper emergency evacuaation procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Were any life threatening situations found during the drill?	<input type="checkbox"/>	<input type="checkbox"/>
Did caregivers count and verify the children?	<input type="checkbox"/>	<input type="checkbox"/>
Was search conducted and results reported to the Command Post?	<input type="checkbox"/>	<input type="checkbox"/>
Were any personnel found and rescued during the drill?	<input type="checkbox"/>	<input type="checkbox"/>
Was the Officer-in-Charge briefed?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Officer-in-Charge make any information known over the radio?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Fire Department respond? Time after dispatch:	<input type="checkbox"/>	<input type="checkbox"/>
Was the Command Post set up?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Fire Department charge the hose line?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Fire Department enter with the appropriate gear?	<input type="checkbox"/>	<input type="checkbox"/>
Was any action taken that would hinder the Fire Department search and rescue?	<input type="checkbox"/>	<input type="checkbox"/>
Did the Officer-in-Charge report the situation to the Communication Officer?	<input type="checkbox"/>	<input type="checkbox"/>
Was the drill taken seriously?	<input type="checkbox"/>	<input type="checkbox"/>
Was the drill conducted satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>

\* The Installation Fire Department response with the apparatus is a quarterly requirement.

\*\* When fire alarm system is out of service the installation will establish other communication method.

**Comments:**

<b>The Drill Time:</b> Started	Stopped
<b>Total Time of the Drill:</b> Minutes	<i>(Circle one)</i> Passed or Failed
<b>Fire Inspector Signature:</b>	<b>Date:</b>
<b>CDC Director Signature:</b>	<b>Date:</b>