FIRE DRILL DATA SHEET

Completed Annually. The previous year is to be scanned and filed in the electronic system.

LOCATION: _____ YEAR: _____

MONTH	DATE	TIME	SHIFT	DURATION OF DRILL	LOCATION OF FIRE	STAFF	STAFF	STAFF	MGR. INITIALS
JANUARY									
FEBRUARY									
MARCH									
APRIL									
MAY									
JUNE									
JULY									
AUGUST									
SEPTEMBER									
OCTOBER									
NOVEMBER									
DECEMBER									

THIS FORM IS TO BE COMPLETED BY MANAGEMENT ONLY

* If any fire drill exceeds 3 minutes contact your Supervisor *

* Each Staff must complete a fire drill during the year *

* One 3rd shift fire drill must be completed during the deepest hours of sleep annually *(11pm-6am; ideally between 1am-4am)* *

_____ _____

(Management Signature/Date) (Management Signature/Date)