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School Fire Drill Checklist

SCHOOL NAME:	
ADDRESS:	
TELEPHONE #:	PRINCIPAL:
DATE OF FIRE DRILL:	TIME OF ALARM ACTIVATION:

NOTIFY Fire Dispatch <u>before and after</u> drill (Phone: 604-543-6700)

EVALUATION CRITERIA (Please Circle Yes or No)			
Doors to classroom etc. were closed	Yes	No	
Participants evacuated to a safe distance	Yes	No	
Participants met at pre-designated meeting place	Yes	No	
Assigned duties carried out effectively by staff	Yes	No	
All staff and students accounted for outside	Yes	No	
Participants waited for "All Clear" signal	Yes	No	
Drill was conducted orderly	Yes	No	
Drill was conducted promptly	Yes	No	
Alarm company notified before and after drill	Yes	No	
Fire Dispatch notified before and after drill	Yes	No	
Where was the fire alarm activated? O pull station on wall	${f O}$ fire alarm panel		
Did the fire doors close automatically when the alarm sounded?	O Yes	O No	
Was the fire alarm audible throughout the building?	O Yes	O No	
Time Taken to Complete the Fire Drill:			
Comments:			
Principal's Signature:			
Send to: Surrey Fire Service 8767 – 132 St, Surrey, BC V3W 4P Fax: 604-594-1237	1		

Email: fireprevention@surrey.ca