

MONTANA MENTAL HEALTH NURSING CARE CENTER FIRE DRILL REPORT

A FIRE DRILL MUST BE CONDUCTED DURING EACH SHIFT EVERY FOUR MONTHS. A RED FLASHER FLASHLIGHT, OR A RED RAG CAN BE USED TO INDICATE A STIMULATED FIRE SITUATION. THE PLAN FOR THE DRILL MAY BE VARIED IN ANYWAY THAT WILL INCREASE EXPERTISE AND CONFIDENCE IN THE EVENT OF AN ACTUAL FIRE. FOLLOW THE FIRE PLAN AS NEAR AS POSSIBLE. NOTIFY SIMPLEX @ 1-888-746-7539 ACCOUNT #204-3153 BEFORE GIVING THE FIRE DRILL.

1. DATE: _____
DAY OF THE WEEK: _____ TIME: _____ A.M./P.M.
2. NAME OF THE PERSON CONDUCTING THE DRILL? _____
3. WHAT AREA OF THE BUILDING WAS THE DRILL CONDUCTED IN? (BE SPECIFIC)

4. WHAT WAS THE SIMULATED SITUATION FOR THE DRILL? _____

5. HOW WAS THE FIRE ALARM SYSTEM ACTIVATED? _____
SMOKE DETECTOR #: _____ PULL STATION #: _____
6. WHAT ACTION WAS TAKEN AFTER THE FIRE ALARM SYSTEM WENT INTO ALARM? _____

7. WERE RESIDENTS EVACUATED BEYOND THE NEAREST FIRE DOOR?
YES _____ No _____ (IF NO, EXPLAIN WHY NOT)

8. WAS A FIRE EXTINGUISHER BROUGHT TO THE SCENE OF THE STIMULATED FIRE? YES _____ NO _____ (IF NO, WHY NOT) _____

9. DID FIRE DOORS CLOSE PROPERLY IN AREA DRILL WAS CONDUCTED IN?
YES _____ NO _____

10. DID FIRE HORNS SOUND AND VISIBLE LIGHT ON THEM FLASH?
YES _____ NO _____

11. WAS THE FIRE DEPARTMENT CALLED? YES _____ NO _____
DID THE FIRE DEPARTMENT RESPOND? YES _____ NO _____

12. AFTER THE DRILL HAS BEEN CONDUCTED, PEOPLE WHO PARTICIPATED IN THE DRILL HAVE A BRIEF MEETING AND REVIEW HOW THE DRILL WENT. DISCUSS ANY PROBLEMS, CORRECTIONS, DEFICIENCIES, OR SUGGESTED IMPROVEMENTS FOR FUTURE DRILLS. COMMENTS: _____

NAMES OF PEOPLE PARTICIPATING IN FIRE DRILL – SEE ATTACHED

REVIEWED BY:

SUPERVISOR: _____ DATE: _____

DIRECTOR OF NURSING _____ DATE: _____

MAINTENANCE SUPERVISOR _____ DATE: _____