

Louisiana Department of Health

FIRE DRILL ASSESSMENT FORM

Location _____

Building / Location Supervisor _____ / _____

Floor Warden (s) _____

Emergency Response Team Coordinator _____

Date & Time of Fire / *Actual Evacuation Drill

Date: _____ Time: _____ (am/pm)

Length of Time for Total Evacuation: _____ minutes.

The total number of participants in the drill: _____

Was Fire/Evacuation drill successful? _____ (yes / no)

If no, list any problems associated with the Fire/Evacuation drill (i.e. faulty equipment, participation, procedures etc.) _____

Have the problems been corrected? (Explain how): _____

* Building was evacuated due to:

Signature of person completing this form

Date