



FIRE DRILL REPORT



GENERAL INFORMATION

Name of institution:	
Address:	
Town or community:	Postal code:
Drill held on:	Time of drill:
Type of fire alarm system:	Connected to a fire alarm company

RESPONSIBLE FOR THE DRILL

Name:	Title:
Telephone:	Extension:

BEFORE THE DRILL

In-house coordination meeting held (a few days in advance):
Fire department notified a few minutes before the alarm is triggered by dialing:
Fire alarm company (Never notify the fire alarm beforehand)
Special equipment, required for the drill, verified (keys, blankets, tools, radio...)

DURING THE DRILL

Time when the alarm is triggered:		
Duration of alarm signal:		Not applicable <input type="checkbox"/>
Time required for evacuation:		
Time required to confirm the evacuation:		
Time of call from a student:		No call <input type="checkbox"/>
Time of call from the fire alarm company The fire alarm company must place a call at:		No call <input type="checkbox"/>

AFTER THE DRILL

Fire alarm system reset

Fire department notified

(verification of call placed by a student and end of drill notification):

Fire alarm company notified

(confirmation of fire alarm system reset and end of drill notification)

Comments by the fire department:

Feedback with the supervisory staff:

Occupants notified of fire drill results:

Updating of the fire safety plan (FSP):