

Fire Drill Log

Fire evacuation drills must be conducted monthly. Please Write Clearly.

Center/Program Name: _____

Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
____/____/____ Day:					

This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.



Disaster Drill Log

Drills for disasters other than fire must be conducted at least once every six months. Please Write Clearly

Center/Program Name: _____

Disaster Drill Log					
Type of Disaster: <input type="checkbox"/> Earthquake <input type="checkbox"/> Water Failure <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Weather Related Disaster <input type="checkbox"/> Flood <input type="checkbox"/> Power Failure <input type="checkbox"/> Lock-Down <input type="checkbox"/> Safety Threat <input type="checkbox"/> Gas Leak <input type="checkbox"/> Other _____					
Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
_____/_____/_____ Day of the week:					
Type of Disaster: <input type="checkbox"/> Earthquake <input type="checkbox"/> Water Failure <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Weather Related Disaster <input type="checkbox"/> Flood <input type="checkbox"/> Power Failure <input type="checkbox"/> Lock-Downs <input type="checkbox"/> Safety Threat <input type="checkbox"/> Gas Leak <input type="checkbox"/> Other _____					
Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
_____/_____/_____ Day of the week:					

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