

Center Fire Drill Log

Please Write Clearly

Center Name _____

Center Address _____

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

This form is provided as a technical assistance suggestion only. Providers are not required to use this form.

Center Disaster Drill Log

Please Write Clearly

Center Name _____

Center Address _____

Log					
Type of Drill:					
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 Drill:					
Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
_____/_____/_____ Day of the week:					

This form is provided as a technical assistance suggestion only. Providers are not required to use this form.