

FIRE DRILL RESPONSE FORM
FDR-9-01

Note: This form should be completed for any scheduled Residence Hall Fire Drill and any false alarm which results in a building evacuation. For help or questions regarding this form, call David Gondron at 482-1049

Section 1: General Information

Building/Residence Hall Name: _____

Date/Time Fire Drill Conducted: _____

Person Supervising the Fire Drill: _____

Section 2: Alarm Information

Time of Alarm Activation: _____ (am/pm)

Time of Alarm Silence: _____ (am/pm)

Did all Alarm Devices Activate? _____

Was there any trouble with the alarm, panel, or initiating devices?

Please describe any messages or codes shown on the panel, if any?

Section 3: Evacuation Information

Did everyone in the building evacuate? _____

Was corrective action taken for persons who did not evacuate? _____

Was the evacuation orderly? _____

Any comments/recommendations _____

