

Fire Drill Observation Evaluation Form

Adjacent Smoke Compartment/Away from Point of Origin



Location of Observation: _____ # of Staff Present _____

Date: ___/___/___ Shift: 1st 2nd 3rd Time: ___ : ___ Pavilion Tower Scheduled Quarterly Drill ILSM

Fire Drill Location: _____ Floor: _____

Section 1 – Immediate Staff Response	Competently Performed	Points Scored
Did staff close all fire doors in the area, including patient room doors? (10pts.)	Y N	
Were the fire exit corridors cleared of unnecessary equipment? (10pts.)	Y N	
Did Staff inform Patients/Visitors of Alarm Condition? (5 pts.)	Y N	
Did unit send a responder to the fires Point of origin? (5 pts.)	Y N	
Sub Section Total (30 pts possible)		

Section 2 – Staff Knowledge	Competently Performed	Points Scored
Did Staff Know R.A.C.E. (10 pts.)	Y N	
Did Staff Know P.A.S.S. (10 pts.)	Y N	
Did staff know the location of Fire Alarm Pull Stations in their work area? (5 pts)	Y N	
Does staff know the location of fire extinguishers in their work area? (5 pts)	Y N	
Did staff know where the fire exits were in the drill area? (5 pts.)	Y N	
Did the staff know where the smoke compartments were in the observation area? (10 pts.)	Y N	
Did staff know the evacuation procedure? (10 pts.)	Y N	
Sub Section Total (55 pts possible)		

Department Observation Scoring Grid	Total Dept. Score Add Sections 1 & 2 (85 pts possible)
<input type="checkbox"/> 75 – 85 points = Excellent <input type="checkbox"/> <60 points = Department In-service required	
<input type="checkbox"/> 60 – 70 points = Acceptable	

Section 3 – Fire Alarm Equipment Performance	Equipment Functioned properly	Points Scored
<i>Report all deficiencies to Engineering for Correction or Repair</i>		
Was the “CODE RED” Page audible in area being observed? (5pts.)	Y N	
Did all Automatic fire doors close & latch? (5pts.)	Y N	
Were fire alarm devices functioning properly in area observed? (chimes, strobes etc) (5pts.)	Y N	
Sub Section Total (15 pts possible)		
Drill Total Score Add sections 1,2,3 (100 pts possible)		

Department Representative: _____ Title: _____

Official Conducting Observation: _____ Title: _____

