

UCLA Medical Center and Neuropsychiatric Hospital FIRE DRILL MONITORING AND EVALUATION FORM

Location: _____

Room No: _____

Time Drill Commenced: _____

Date: _____

Fire Response Procedures Performed or Simulated	YES	NO or N/A	TIME	ELAPSED TIME
1. Rescue (Remove) immediately exposed from the from the site of the fire.				
2. Alarm: a. Activated fire alarm. b. Dialed 911 and reported engineering 5 digit room number. c. Dialed "36" and reported engineering 5 digit room number and Unit. d. Notified supervisor/co-workers. e. First "CODE RED" page heard.				
3. Contain Fire: (When safe to do so) a. Doors closed to contain smoke and fire. b. Medical gas (oxygen, nitrous-oxide, air) sources removed from immediate area. c. Staff aware of evacuation routes. d. Records kept with patient. e. Unoccupied rooms checked.				
4. Extinguish Fire: a. Staff with extinguishers respond from: 1. Immediate Area 2. Adjacent Area 3. Floor below 4. Floor above				
5. Fire Response Group Arrived: a. Environmental Services/Maintenance b. Facilities Management c. Respiratory Therapy d. Operating Room e. Clinical Engineering (if requested) f. Security g. Police h. Nursing Administrator				
6. Unit or Area evacuated to safe adjacent area.				
7. Staff Keys. Appropriate keys on hand checked.				
8. Fire Drill Terminated (Code Red Cancelled).				

revised 021701mw

Monitored By: _____

Title: _____

Date: _____