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

**Location:**

**Time Drill Commenced:**

**Room No:**

**Date:**

### Fire Response Procedures Performed or Simulated

<table>
<thead>
<tr>
<th>YES</th>
<th>NO or N/A</th>
<th>TIME</th>
<th>ELAPSED</th>
</tr>
</thead>
</table>

#### 1. Rescue
- (Remove) immediately exposed 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).

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**Monitored By:**

**Title:**

**Date:**

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*revised 021701 mw*