

Fire Drill Log

Fire evacuation drills must be conducted monthly. Please Write Clearly.

Center/Program Name: _____

Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
____/____/____ Day:					
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This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are not required to use this form.



Disaster Drill Log

Drills for disasters other than fire must be conducted at least once every six months. Please Write Clearly

Center/Program Name: _____

Disaster Drill Log					
Type of Disaster: <input type="checkbox"/> Earthquake <input type="checkbox"/> Water Failure <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Weather Related Disaster <input type="checkbox"/> Flood <input type="checkbox"/> Power Failure <input type="checkbox"/> Lock-Down <input type="checkbox"/> Safety Threat <input type="checkbox"/> Gas Leak <input type="checkbox"/> Other _____					
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 Disaster: <input type="checkbox"/> Earthquake <input type="checkbox"/> Water Failure <input type="checkbox"/> Chemical Spill <input type="checkbox"/> Weather Related Disaster <input type="checkbox"/> Flood <input type="checkbox"/> Power Failure <input type="checkbox"/> Lock-Downs <input type="checkbox"/> Safety Threat <input type="checkbox"/> Gas Leak <input type="checkbox"/> Other _____					
Date & Day of Week	Time	# of Children Present	Length of Time to Evacuate	Name of Supervising Person	Problems or Comments
____/____/____ Day of the week:					

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