

UAB University Hospital Fire Drill Evaluation Report

Point of Origin

Bldg./Floor/Room: _____ **Date:** _____
Your location (Bldg./Floor): _____ **Shift:** Day Evening Night
Department/Unit manager: _____ **Time Start :** _____ am/pm
Evaluated by: _____ **Time Terminated:** _____ am/pm

Knowledge of the Fire Plan (RACE)*	Yes	No	In-service	N/A
Knowledge of Evacuation Procedures*	Yes	No	In-service	N/A
Knowledge of Use/Location fire extinguishers/sprinklers*	Yes	No	In-service	N/A
Audible Switchboard Overhead	Yes	No		

Point of origin use only

Police responded to point of origin?	Yes	No	In-service	N/A
Maintenance responded?	Yes	No*	In-service	N/A
Environmental Services responded?	Yes	No	In-service	N/A
Fire Dept. responded? (if actual alarm)	Yes	No	In-service	N/A
Above areas to point of origin? _____	Yes	No*	In-service	N/A
Same level to point of origin? _____	Yes	No*	In-service	N/A
Below areas to point of origin? _____	Yes	No	In-service	N/A
Other areas to point of origin? _____	Yes	No	In-service	N/A

Satisfactory? Yes No

“” indicates a critical item, Any “No” response to any critical item results in unsatisfactory overall rating.
 “In-service” indicates necessary corrective action taken*

STAFF PARTICIPATION: (PLEASE PRINT NAME CLEARLY)

Continue on back if additional space needed
 Please fax completed form to Hospital Safety at 975-9445