

UAB University Hospital Fire Drill Evaluation Report

Point of Origin

Bldg./Floor/Room: _____ Date: _____

Your location (Bldg./Floor): _____ **Day:** Mon Tues Wed Thurs Fri Sat Sun

Department/Unit manager: _____ **Shift:** Day Evening Night

Evaluated by: _____ **Time Start:** _____ am/pm

Drill or Alarm (smoke det.# _____) **Time Terminated:** _____ am/pm

Fire drills test staff knowledge of :

containment of smoke and fire

- | | | | | |
|---|-----|-----|------------|-----|
| 1. C Closed all office and patient room doors? | Yes | No* | In-service | N/A |
| 2. Location/function of medical gas shut off valves? | Yes | No | In-service | N/A |

use and functioning of fire alarm

transmission of alarms

- | | | | | |
|--|-----|-----|------------|-----|
| 3. A Familiar with alarm pull station location? | Yes | No* | In-service | N/A |
| 4. R Emergency phone numbers (4-0001)? | Yes | No* | In-service | N/A |
| 5. Paged correctly (beepers)? | Yes | No | In-service | N/A |
| 6. Audible Switchboard overhead drill/alarm? | Yes | No | In-service | N/A |

transfer to areas of refuge

preparation for building evacuation

- | | | | | |
|---|-----|-----|------------|-----|
| 7. E Evacuation routes (horizontally)
(past double doors to next smoke compartment) | Yes | No* | In-service | N/A |
| 8. Location of stairwells? | Yes | No | In-service | N/A |
| 9. Identified smoke compartments? (double doors) | Yes | No | In-service | N/A |
| 10. Removed obstacles from corridors? | Yes | No | In-service | N/A |
| 11. Informed patients and visitors? | Yes | No | In-service | N/A |

fire extinguishment

- | | | | | |
|--|-----|-----|------------|-----|
| 12. Location of extinguishers? | Yes | No* | In-service | N/A |
| 13. Are there sprinklers on your unit/show me? | Yes | No | In-service | N/A |

specific fire-response duties

- | | | | | |
|---|-----|----|------------|-----|
| 14. Referred to Fire Plan for specific instructions?
medical records, secure med cart, equipt., CARE | Yes | No | In-service | N/A |
| 15. Satisfactory? | Yes | No | | |

“*” indicates a critical item Any “No” response to any critical item results in unsatisfactory overall rating.

Point of origin use only

- | | | | | |
|---|-----|-----|------------|-----|
| 16. Police responded to point of origin? | Yes | No | In-service | N/A |
| 17. Maintenance responded? | Yes | No* | In-service | N/A |
| 18. Environmental Services responded? | Yes | No | In-service | N/A |
| 19. Fire Dept. responded? (if actual alarm) | Yes | No | In-service | N/A |
| 20. Above areas to point of origin? _____ | Yes | No* | In-service | N/A |
| 21. Same level to point of origin? _____ | Yes | No* | In-service | N/A |
| 22. Below areas to point of origin? _____ | Yes | No | In-service | N/A |
| 23. Other areas to point of origin? _____ | Yes | No | In-service | N/A |

Please fax completed form to Hospital Safety at 975-9445

“In-service” indicates necessary corrective action taken