FIRE/EMERGENCY EVACUATION DRILL RECORD
INDEPENDENT LIVING FACILITY

CARELINK
COLORADO SPRINGS FIRE DEPARTMENT
RISK REDUCTION PROGRAM

Facility Name: Address:

Administrator: Year:

Instructions:

1. Independent Living Facilities need to perform a COMPLETE EVACUATION annually and staff trainings quarterly on each shift.
2. Complete this record after each drill.
3. Attach list of staff on duty and participating each time a drill is conducted.

Total Staff:

Total Residents:

	Date	Time Start/End	Person Conducting Drill	Notification Method Used	# Staff on Duty & Participated	# of Residents Evacuated	* Special Conditions/ Problems Simulated (e.g. primary exit doors blocked, residents missing, special assistance required)	Problems Encountered	Weather Conditions	Time Required to Complete Evacuation
JAN		/								
FEB		/								
MAR		/								
APR		/								
MAY		/								
JUN		/								
JUL		/								
AUG		/								
SEP		/								
OCT		/								
NOV		/								
DEC		/								