**Fire Drill Evaluation Tool**

Observers can use this tool to evaluate team performance during the fire drill. Note locations and participant names in the *Comments* section, when applicable. Other remarkable events that should be documented in the *Comments* section include concepts forgotten by participants, areas for improvement, and tasks that participants performed very well. The *Corrective actions to be taken* section should be completed after the drill by the fire drill organizer.

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| **Fire drill date:**  | **Observer name and title:**  |
| **Fire drill start time:**  | **Fire drill end time:**  |

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| **Planned scenario:**  |

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| **Instructions:** Randomly select and question fire drill participants to determine if they are knowledgeable about questions related to **required behaviors** during a fire drill. |
| **Questions** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Is the evacuation route plan posted in the hallway (according to the local authority having jurisdiction posting requirements and facility policy)?  |  |  |  |
| What are the evacuation routes from where you are standing? |  |  |  |
| How do you report a fire? |  |  |  |
| Where are the fire extinguishers located?  |  |  |  |
| Where are the fire alarm pull stations located? |  |  |  |
| Where are the medical gas panel shut-off valves located? |  |  |  |
| How do you turn off the medical gas panel shut-off valves? |  |  |  |
| Where are the electrical panels located? |  |  |  |
| What is the procedure for turning of the electrical system? |  |  |  |
| If there is a fire, where do you report to if not directly involved in patient care? |  |  |  |
| **Instructions:** Indicate yes/no for criteria related to **fire extinguishers** and note participant names, if applicable, in the *Comments* section. |
|  | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Are fire extinguishers* in designated locations?
 |  |  |  |
| * equipped with intact seals?
 |  |  |  |
| * properly charged?
 |  |  |  |
| * properly mounted?
 |  |  |  |
| * labeled according to their type and the class of fire for which they are used?
 |  |  |  |
| * serviced regularly (ie, within the previous 12 months)?
 |  |  |  |
| * checked monthly?
 |  |  |  |
| Can drill participants describe how to operate a fire extinguisher using the PASS technique? |  |  |  |
| **Instructions:** Indicate yes/no for criteria related to **fire exits.** |
|  | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Are fire exits:* free and unobstructed
 |  |  |  |
| * marked with working illuminated signs?
 |  |  |  |
| Are evacuation corridors free of equipment or obstructions? |  |  |  |
| Do the fire/smoke barrier doors close during activation of the pull station? |  |  |  |
| Was the door to the designated fire area closed? |  |  |  |
| **Instructions:** Determine if drill participants responded according to established criteria.  |
|  | **Yes/No/NA** | **Comments** | **Corrective actions to be taken** |
| Did participants use proper body mechanics to transport patients? |  |  |  |
| Did the nursing leader/designee shut off the medical gases? |  |  |  |
| Were all patients accounted for with medical records intact? |  |  |  |
| **Instructions:** Evaluate team response. Determine whether drill participants responded according to the established criteria.  |
|  | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Participants acted in a calm and organized manner. |  |  |  |
| Participants performed as a cohesive team. |  |  |  |
| Participants activated RACE (Rescue, Alarm, Contain, Extinguish)? (If yes, continue) |  |  |  |
| **Instructions:** Determine whether drill participants responded according to the established criteria related to **Rescue.**  |
|  | **Yes/No/NA** | **Comments** | **Corrective action to be taken** |
| Were all patients, personnel, and visitors evacuated from the immediate fire area? |  |  |  |
| Was this the first action taken? |  |  |  |
| Did the charge RN or designee account for all patients, personnel, and visitors? |  |  |  |
| **Instructions:** Determine whether drill participants responded according to the established criteria related to **Alarm.** |
|  | **Yes/No/NA** | **Comments** | **Corrective action to be taken** |
| Was the nearest fire alarm pull station activated? |  |  |  |
| Was [facility-specific phone number] dialed from outside the designated fire area? |  |  |  |
| Did the person who dialed [facility-specific phone number] provide complete and correct information? |  |  |  |
| Were other personnel alerted to the situation before an overhead announcement was made? |  |  |  |
| Was the fire department contacted correctly? |  |  |  |
| **Instructions:** Determine whether drill participants responded according to the established criteria for **Contain.** |
|  | **Yes/No/NA** | **Comments** | **Corrective action to be taken** |
| Did the participant assess for heat intensity by feeling the door with the back of their hand before opening the door to the designated fire area? |  |  |  |
| Did participants close all the doors in the smoke zone? |  |  |  |
| **Instructions:** Determine whether drill participants responded according to the established criteria for **Extinguish.** |
|  | **Yes/No/NA** | **Comments** | **Corrective action to be taken** |
| Select random participant. Could they explain the correct method to extinguish the fire? |  |  |  |
| Did the participant return to the designated fire area with the appropriate fire extinguisher? |  |  |  |
| Select random participant. Could they explain the difference in the types of fire extinguishers? |  |  |  |
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*Rows can be added to this evaluation tool if the facility has additional criteria to assess.*

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| **Opportunities for improvement:** Describe observations not previously recorded in the *Comments* section. |
| **List fire drill participants and their titles:** |
| **Time and name of person who pulled the fire alarm:** |  |
| **Patient evacuation time, if applicable:** |  |
| **Other remarkable events:** |