The person organizing the fire drill completes the Planned Scenario section prior to the drill.

The observer completes the remainder of the document, marking *Yes* or *No* for each item. If a criterion involves asking a staff member a question, the observer should write that staff member’s name in the *Comments* section. If a criterion involves a location, the observer should write the location in the *Comments* section. Other remarkable events that observers should document in the *Comments* section include concepts forgotten by staff members, ideas for improvement, and tasks that staff members performed very well.

The person organizing the fire drill completes the *Corrective actions to be taken* section after the drill.

**Planned Scenario:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fire drill date: ­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Observer name and title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fire drill start time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Finish time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Observers should randomly select staff members to determine whether they are able to answer the following questions related to required behaviors during a fire drill:** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Is the evacuation route plan posted in the hallways *(According to the facility and authority having jurisdiction posting requirements)*? |  |  |  |
| 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 off the electrical system? |  |  |  |
| Where do you report to if not directly involved in patient care?  |  |  |  |
| **Fire Extinguishers: Observers should mark *Yes* or *No* and note the names of staff members, if applicable, in the *Comments* section.** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Are the fire extinguishers: |  |  |  |
| * in the 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 staff members describe how to operate a fire extinguisher using the PASS technique? |  |  |  |
| **Fire exits: Observers should check fire exits for each of the following criteria:** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Are the fire exits: |  |  |  |
| * free and unobstructed?
 |  |  |  |
| * marked with working illuminated signs?
 |  |  |  |
| Are the corridors for evacuation free of equipment or obstructions? |  |  |  |
| Do the fire/smoke barrier doors close during activation of the pull station? |  |  |  |
| Was the door closed to the designated fire area? |  |  |  |
| **Miscellaneous:** **Observers should determine whether staff members responded according to established criteria. Observers should mark *Yes* or *No* and note the names of the staff members in the *Comments* section.** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Did staff members 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? |  |  |  |
| **Response evaluated: Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of the staff members in the *Comments* section.** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Did staff members act in a calm and organized manner? |  |  |  |
| Did staff members perform as a cohesive team? |  |  |  |
| Did staff members activate RACE? *(If yes, continue)* |  |  |  |
| **Rescue**: **Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of staff members in the *Comments* section.** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Were all patients, staff members, and visitors evacuated from the immediate fire area? |  |  |  |
| Was this the first action taken? |  |  |  |
| Was the charge nurse or designee able to account for all patients, staff members, and visitors? |  |  |  |
| **Alarm: Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of staff members in the *Comments* section.** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Was the nearest fire alarm pull station activated? |  |  |  |
| Was \*\*\* *(facility-appropriate phone number)* dialed from outside the designated fire area? |  |  |  |
| Did the person dialing \*\*\* *(facility-appropriate phone number)* provide complete and correct information? |  |  |  |
| Were other staff members alerted to the situation before the overhead announcement was made? |  |  |  |
| Was the fire department contacted correctly? |  |  |  |
| **Contain**: **Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of staff members in the *Comments* section.** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Did the individual feel the door with the back of his or her hand before opening the door to the designated fire area, to determine whether it was hot? |  |  |  |
| Did staff members close all the doors in the smoke zone? |  |  |  |
| **Extinguish: Observers should determine whether staff members responded according to the established criteria. Observers should mark *Yes* or *No* and note the names of staff members in the *Comments* section.** | **Yes/No** | **Comments** | **Corrective actions to be taken** |
| Could the randomly selected staff member explain the correct method to extinguish the fire? |  |  |  |
| Did a staff member return to the designated fire area with the appropriate fire extinguisher? |  |  |  |
| Could the randomly selected staff member explain the difference in the types of fire extinguishers? |  |  |  |
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*The blank rows on the tool are provided for any additional information your facility may desire to assess during a drill.*

**Opportunities for improvement**: Observers should list any items observed and not previously recorded in the comments section.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List fire drill participants and their titles:**

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**Time and name of the individual who pulled fire alarm:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient evacuation time if applicable:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other remarkable events:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_