



McALLEN FIRE DEPARTMENT

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FIRE DRILL REPORT

NAME OF SCHOOL, BUSINESS, ETC: _____

ADDRESS: _____

DRILL TYPE: ___ OBSTRUCTED ___ UNOBSTRUCTED _____ TOTAL PARTICIPANTS

TIME BEGAN: _____ TIME COMPLETED: _____ TOTAL TIME: _____

YES NO

- _____ 1 IS ALARM HEARD THROUGHOUT BUILDING COMPLEX?
- _____ 2 EVERYONE EVACUATED FROM BUILDING.
- _____ 3 ORDERLY EVACUATION.
- _____ 4 EXITS LOCKED.
- _____ 5 EXITS BLOCKED / PARTIALLY BLOCKED.
- _____ 6 DOORS CLOSED.
- _____ 7 WINDOWS CLOSED.
- _____ 8 EXIT LIGHTS PROPERLY WORKING.
- _____ 9 LEAVE PROPER CLEARANCE FOR ALL EMERGENCY VEHICLES.
- _____ 10 STUDENTS/EMPLOYEES LOCATED PROPER DISTANCE FROM BUILDING
- _____ 11 STUDENTS/EMPLOYEES STANDING AWAY FROM HYDRANTS
- _____ 12 STUDENTS/EMPLOYEES STANDING UNDER POWER LINES.
- _____ 13 ROLL CALL TAKEN AFTER EVACUATION.

REMARKS: _____

FIRE DRILL RATING:___ SATISFACTORY___ UNSATISFACTORY___ NEEDS IMPROVEMENT

DATE OF LAST DRILL: _____

TYPE OF DRILL: ___ OBSTRUCTED__ UNOBSTRUCTED

SIGNATURE OF PERSON IN CHARGE

DATE

FIRE OFFICER SIGNATURE, EMP #

DATE