Affinity Care Providers Inc. Fire Drill Checklist

Consumer Name _____

Relatives Present _____

DATE OF FIRE DRILL ___/____/____

Is there a fire alarm / how is it activated ❍ pull station on wall ❍ fire alarm panel

Are there smoke detectors in the home ❍ **Yes** ❍ **No**

Is the fire alarm audible throughout the home ❍ **Yes** ❍ **No**

EVALUATION CRITERIA (**Please Circle Yes or No)**		
Is there a fire alarm NEAR consumers bedroom in the home	**Yes**	**No**
Fire Dispatch number (Phone) Can client Call independently	**Yes**	**No**
During drill were doors and windows closed	**Yes**	**No**
Participants evacuated to a safe distance away from home	**Yes**	**No**
Client met at pre-designated meeting place independently	**Yes**	**No**
Client knows where to go in case of fire	**Yes**	**No**
Family participated in drill with client	**Yes**	**No**
Participants waited for "All Clear" signal to return into home	**Yes**	**No**
Drill was conducted orderly	**Yes**	**No**
Drill was conducted promptly	**Yes**	**No**
Is there a working fire extinguisher in home	**Yes**	**No**
Does client know where fire alarm is located	**Yes**	**No**

Time Taken to Complete the Fire Drill: _____

Comments: _____

_____

DSW Name (Print)/ Signature: _____

Affinity Care Representative: _____