



Fire Drill/Disaster Drill/ Review of Safety Plan

Individual: _____ Date: _____ Time: _____ am/pm.

FIRE DRILL

Location of Fire: _____

- | | | |
|-----------------------------------|---------|--------|
| 1. Did everyone leave the house? | ___ Yes | ___ No |
| 2. How long did evacuation take? | _____ | _____ |
| 3. Were all rooms checked? | ___ Yes | ___ No |
| 4. Were doors and windows closed? | ___ Yes | ___ No |
| 5. Time re-entered facility? | _____ | _____ |

Comments: _____

DISASTER DRILL

Type of Disaster Drill: _____ Date: _____ Time: _____ am/pm

Procedure in Safety Plan Followed: ___ Yes ___ No

Comments: _____

Provider Signature: _____ Individual involved: _____

SAFETY PLAN REVIEW

I have reviewed the Safety Plan with _____ Date: _____
(Individuals Name)

Safety Plan Reviewed By: _____ Date: _____

Does Safety Plan reflect the Individuals needs? ___ Yes ___ No

Recommendations: _____

Reviewed By: _____ Date: _____

(PD)