Monthly Fire Drill Record

One record per drill. Complete every field, sign, and file.

Facility name

ADPH license number

Month / Year

Building / wing

Prepared by

Drill details

Date of drill

Time started

☐ Day ☐ Evening ☐ Night
Shift

Drill initiated by the fire alarm system? ☐ Yes ☐ No

Residents evacuated to the assembly area? ☐ Yes ☐ No

Time to complete evacuation

Staff on duty

Residents present

Observations of drill effectiveness *required by Alabama Administrative Code*

Problems or deficiencies identified

Corrective action taken

Conducted by (print name)

Signature

Date