



Office of Safety & Risk Management

### FIRE DRILL REPORT

Date: \_\_\_\_\_ Time Started: \_\_\_\_\_

Building: \_\_\_\_\_ Time Ended: \_\_\_\_\_

Building Coordinator: \_\_\_\_\_

Safety Director: \_\_\_\_\_

Facilities Maintenance Manager: \_\_\_\_\_

Number of Occupants: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

#### COMMENTS

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