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**FIRE/EVACUATION DRILL EVALUATION FORM**

Date of drill:	Name of Facility:
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Address of Facility:	Phone #:
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Time drill started:	Time drill ended:	Total time:
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Drill was conducted orderly? Yes or No If no, why?

Drill was conducted promptly? Yes or No If no, why?

University Police were notified by occupant? Yes or No	Fire alarm was sounded? Yes or No
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Were all egress routes free of obstructions, such as exit doors and corridors? Yes or No

Participants evacuated to a safe distance? Yes or No

Assigned duties carried out effectively? Yes or No

Participants met at a pre-designated location? Yes or No

All personnel accounted for outside? Yes or No

Estimated number of people who participated in the drill:

Has the fire alarm been reset? Yes or No	Has UPD been notified of drill completion? Yes or No
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COMMENTS:


Evaluator's Name (Print):	Date:
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Evaluator's Signature:

Received by EH&S Representative:	Date:
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(File completed form with your building records and submit a copy by mail or email to EH&S)