

Emergency Drill Evaluation

Emergency drills must be conducted at least **once a year** to ensure staff are familiar with exit routes and procedures. A record of each drill must be maintained.

Records should be kept of inspections, maintenance, and testing of safety devices, like fire alarms, panic buttons, emergency lights, and related equipment.

Clinic name:		
Type of drill: (e.g., fire, earthquake, lockdown, etc.)	Drill coordinator:	Drill participants:
Total time to evacuate:		

Evacuation procedure	Yes	No	N/A	Comments
Was the emergency alarm/signal clearly heard throughout the clinic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were evacuation routes used correctly by all participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were there any obstructions or blocked exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did all occupants evacuate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did any staff members or patients require special assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Were any safety issues encountered during the drill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes and actions:

Continued overleaf

Notes and actions:

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In case of a fire drill

Clinic occupants	Yes	No	N/A	Comments
Internal doors closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clinic equipment turned off/unplugged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Marshal duties	Yes	No	N/A	Comments
Assist with clinic evacuation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Direct occupants to Emergency Muster Point.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire system and related equipment	Yes	No	N/A	Comments
Fire department notified if testing system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm(s) functioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detector(s) in good working order (batteries are replaced every two years and detectors are replaced every 10 years).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers in good working order checked with tags attached.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	