

# SEMI ANNUAL FIRE/DISASTER DRILL REPORT

*(To be completed by Provider twice per year)*

Date Drill Conducted: \_\_\_\_\_

Provider's Name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of Person Receiving Services: \_\_\_\_\_

Was the individual informed of the home Fire Plan on this date? \_\_\_\_ Yes \_\_\_\_ No

Was the individual informed of the Disaster Plan on this date? \_\_\_\_ Yes \_\_\_\_ No

If no, when was Disaster/fire Plan communicated to client?

Time this drill was started: \_\_\_\_\_ AM/PM

Length of time it took to complete evacuation of the house: \_\_\_\_\_ Min.

Was the evacuation successful? \_\_\_\_ Yes \_\_\_\_ No

If No, describe problems noted:

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List any actions taken to correct any problems, including dates:

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Name of person conducting drill \_\_\_\_\_

Signature of person conducting drill \_\_\_\_\_

**Note: Providers MUST hold Fire/Disaster Drills at least every 6 months and shall hold a surprise Fire/Disaster drill once per year.**