



FIRE DRILL RECORD

Educator: _____

YEAR: _____

	Jan.	Feb.	Mar.	Apr.	May	Jun.
Date						
Time Required						
Room Evacuated from:						
Names of Children						
1.						
2.						
3.						
4.						
5.						
6.						
Educator/Consultant Initials						

	July	Aug.	Sept.	Oct.	Nov.	Dec.
Date						
Time Required						
Room Evacuated from						
Names of Children						
1.						
2.						
3.						
4.						
5.						
6.						
Educator/Consultant Initials						

****MUST BE POSTED ON THE BULLETIN BOARD AT ALL TIMES****
PRACTICE DRILLS MUST INCLUDE SOUNDING OF THE SMOKE ALARM