FIRE MOCK DRILL CHECKLIST

FORM NO: NTMH/DIS-02

Date:	Department/Division/Unit:	Total Staff Participating:
Time alarm sounded:	Assembly point:	Time building evacuated

	During the drill	Yes	No
R	**Rescue**		
	1. Was head count performed upon hearing the alarm ?		
	2. Did all the staff help each other to promptly leave the building?		
	3. Were all staff present and accounted for during this drill? (Registration with signature)		
	4. Did all the staff remain until the drill was over?		
A	**Alarm**		
	1.Were appropriate identified alarms used to alert staff?		
	2.Did at least one individual announce the nature of the emergency and the location of the fire to instruct the participants to move to the evacuation area? (CODE RED)		
	3.Was the alarm sound audible?		
C	**Contain**		
	1.Were doors and windows shut as staff left the building?		
	2.Was equipment turned off that could cause fire?		
E	**Evacuation**		
	1. Did the staff exit the building using the identified evacuation route?		
	2.Was a staff assigned to monitor the door to ensure that no one re-entered the building?		
	3.Did any participant acquire a first aid kit and bring it to the designated evacuation area?		
	Drill Information		
	1.Head count conducted? [Pre and post evacuation].		
	2.Security personnel involved?		
	3. Was the team leader identified during this FIRE-mock drill?		
	4.Time the last person evacuating the building was counted?		

Observer Name: **Signature:**

CONTROLLED FORM

SN	Observation	Recommendation

Observer Name: **Signature:**

CONTROLLED FORM