



# ROCHESTER FIRE DEPARTMENT

37 WAKEFIELD ST.  
ROCHESTER, NH 03867  
(603) 335-7545



## Emergency Egress and Relocation Drill

Date: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Type of Drill:  Planned  No Notice Alarm  Emergency Response Drill

- |                                                                 |                              |                             |
|-----------------------------------------------------------------|------------------------------|-----------------------------|
| Was the alarm heard throughout the building?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were all alarm devices operating correctly?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did all occupants evacuate the building?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did all occupants assemble in designated areas?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were all required notifications made?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were emergency lighting and exit signs tested and inspected?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were all stairways, doors and other exits in proper condition?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were Emergency Action plans reviewed and used during the drill? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe any condition variances added to the drill (i.e. simulated fire location, blocked exits, etc...):

Describe all no responses:

Total time required to evacuate building and account for all occupants: \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

Please rate the overall effectiveness of the drill:

- |                             |                               |                               |                               |
|-----------------------------|-------------------------------|-------------------------------|-------------------------------|
| Orderliness of evacuation   | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Speed of evacuation         | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Communication during drill  | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Effectiveness of procedures | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

Additional Comments related to the drill:

Name of representative: \_\_\_\_\_ Signature: \_\_\_\_\_