



**KENNESAW STATE UNIVERSITY**

Environmental Health & Safety  
Department

# Fire Drill Report Form

EOSMS-00-1

Effective Date 03/14/2022

FORM\_EHS\_01

Page 1 of 2

## Purpose

Fire drills must be conducted in accordance with the facility evacuation plan. Fire drills must be initiated by the activation of the fire alarm system. Records must be maintained for review upon request minimum 1 year.

## Facility Information

|  |  |                          |                     |                 |                     |
|--|--|--------------------------|---------------------|-----------------|---------------------|
| Building   |  |                          | Drill Date and Time |                 |                     |
| Campus   | <input type="checkbox"/> Kennesaw<br><input type="checkbox"/> Marietta<br><input type="checkbox"/> Other _____ | Building Address         |                     |                 |                     |
| Drill Coordinator  |  |                          |                     |                 |                     |
| Departments Involved   |  |                          |                     |                 |                     |
| Drill Requested By   |  |                          |                     |                 |                     |
| Simulation Conditions  |  |                          |                     |                 |                     |
| Type of Alarm Device Initiated   |  |                          |                     |                 |                     |
| <b>Simulated Fire Drill</b>  |  |                          | <b>Yes</b>          | <b>No</b>       | <b>N/A</b>          |
| Fire department, alarm company and dispatch notified before initiation.                              |  |                          |                     |                 |                     |
| Fire alarm system functioned properly?   |  |                          |                     |                 |                     |
| Residents removed?   |  |                          |                     |                 |                     |
| Resident room doors closed and latched?  |  |                          |                     |                 |                     |
| Residents moved to safe area of refuge?  |  |                          |                     |                 |                     |
| Coded "PA" announcement initiated to identify location of fire?                                      |  |                          |                     |                 |                     |
| Backup 911 call initiated (simulated)?   |  |                          |                     |                 |                     |
| Staff outside of the fire area responded and assumed duties in accordance with fire evacuation plan? |  |                          |                     |                 |                     |
| Fire and smoke barrier doors closed?   |  |                          |                     |                 |                     |
| Exit corridors cleared of all equipment and obstructions?  |  |                          |                     |                 |                     |
| Fire alarm system reset back in service.<br>Verified by _____ (insert name)                          |  |                          |                     |                 |                     |
| Sprinkler system in service.<br>Verified by _____ (insert name)                                      |  |                          |                     |                 |                     |
| Fire departments and dispatch notified of completion of drill?                                       |  |                          |                     |                 |                     |
| Est. Number of Occupants Evacuated   |  | Time of Alarm Activation |                     | Time Evac Began | Time Evac Completed |

Critique/Lessons Learned/Follow Up Actions

|  |
|--|
|  |
|--|

Fire and Life Drill  
Coordinator Signature

Date/Time