



MONTHLY FIRE DRILL & FIRE PREVENTION DUTIES

DATE: _____ (to be done monthly)
ATTENDED BY: _____
ABSENT: _____ REASON: _____
TIME TAKEN TO EVALUATE FACILITY: _____
COMMENTS: _____

ON SAME DATE AS FIRE DRILL - CHECK:

FIRE EXITS ARE CLEAR
 FREE ACCESS TO ALL AREAS

GENERAL

- Y N EMERGENCY PHONE NUMBERS DISPLAYED
- Y N FIRE EVACUATION PLAN POSTED
- Y N STAFF FAMILIAR WITH EMERGENCY SHUT OFF LOCATIONS
- Y N SHUT OFF SCHEDULE BY BREAKER BOX
- Y N SHUT OFF WRENCHES IN PLACE

ELECTRICAL

- Y N LONG EXTENSION CORDS IN USE
- Y N EXTENSION CORDS UNDER RUGS STAPLES OR HUNG ON NAILS
- Y N FRAYED APPLIANCE CORDS
- Y N BROKEN OR LOOSE FIXTURES

EXITING

- Y N EXIT ROUTES UNOBSTRUCTED
- Y N EXIT LIGHTS WORKING

EXTINGUISHERS

- Y N ARE EXTINGUISHERS TAGGED & OPERABLE
- Y N DOES STAFF KNOW LOCATION OF EXTINGUISHERS

DATE OF LAST INSPECTION (A) SERVICE PROVIDER: _____
DATE OF LAST ANNUAL FIRE INSPECTION: _____

SIGNATURE OF DESIGNATED FIRE WARDEN

SIGNATURE OF PROPERTY MANAGER

DATE:

DATE: