

## MONTHLY FIRE DRILL REPORT

Date of Drill: \_\_\_ / \_\_\_ / \_\_\_

Institution:

Location:

Evacuation Time:

No. of Participants:

COMMENTS:

Shift Supervisor's signature:

THIS FORM IS TO BE USED FOR THE QUARTERLY DISASTER DRILL GDC SOP 511.01  
FIRE SAFETY POLICY STATEMENT.

Specify varying conditions selected for the Quarterly Disaster Drill.

Retention Schedule: Upon completion, this form shall be maintained until resolution of any discrepancies, kept for 5 years after that, and then destroyed. The official copy shall be maintained at the office of Fire Services and Life Safety.