

DORA CONSOLIDATED SCHOOL FIRE DRILL REPORT

(Staff: Please turn in your fire drill form as soon as the fire drill is completed.)

Date of fire drill: _____ Time of fire drill: _____ AM/PM

Grade: _____ Room #/Building: _____

Number of students in your room during fire drill? _____

Number of adults in your room during fire drill? _____

Did you have any students who are enrolled and were present at attendance but not in your classroom during the fire drill?

If so, where were these students? _____

Did you take your roll book with you? YES NO

Did you check to see that all doors were closed? YES NO

Did you leave all light switches "as is"? YES NO

Was the exit obstructed? YES NO

Signature of Teacher

Date