



**NRAO Department of Environmental Safety & Security
Fire/Evacuation Drill Record Form**

Report Completed by:

Date:

Time:

Location of Drill:

*** Drills must be conducted on an annual basis
* Maintain Record as documentation of this requirement**

Building Contact

Phone:

Building:

Was an alarm sounded for the drill? Yes No

(If no, note what alarm system was used):

Were alarm devices operating properly (strobes, bells or horns sounding)? Yes No

(If no, note locations):

Did all occupants evacuate the building? Yes No

(If no, note room numbers):

Rate the effectiveness of the drill:

	Good	Fair	Poor
Personnel Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed of Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication during Drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments: Would like to see an accountability of employees during drill

Return the Completed Form to:

NRAO ES&S Admin Support – Diana Torres: dltorres@nrao.edu
Copy to: Site Director, Safety Committee, Site Business Office