



# Holy Spirit School Division

## FIRE DRILL RECORD

**BOARD OFFICE (327-9555) NOTIFIED PRIOR TO DRILL?**

**YES**

**NO**

**FIRE CONTROL (327-3333) NOTIFIED PRIOR TO DRILL?:**

**YES**

**NO**

(circle)

(circle)

Name of Building:

Date of Drill:

Building Address:

Postal Code:

Contact Person:

Phone Number:

Alarm Activated At:  ("A")

Time Evacuation Completed:  ("B")

Total Evacuation Time:  ("B"- "A")

Time Main Panel Reset At:

By Whom

Number of Participants:

**YES**

**NO**

Was a telephone call made to the Fire Department?:

<input type="text"/>	<input type="text"/>
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Was the alarm location checked at the Main Panel?:

<input type="text"/>	<input type="text"/>
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Were **ALL** the washrooms checked for occupants?:

<input type="text"/>	<input type="text"/>
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Were **ALL** the offices checked for occupants?:

<input type="text"/>	<input type="text"/>
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Were **ALL** the vacant rooms checked for occupants?:

<input type="text"/>	<input type="text"/>
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Were office doors closed?:

<input type="text"/>	<input type="text"/>
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Was the meeting place used?:

<input type="text"/>	<input type="text"/>
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Did **ALL** occupants of the building participate?:

<input type="text"/>	<input type="text"/>
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Were air handling units shut down?:

<input type="text"/>	<input type="text"/>
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Comments and Recommendations:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**FIRE CONTROL (327-3333) NOTIFIED DRILL COMPLETED AND VERIFIED ALARM COMPANY SIGNAL RECEIVED?:**

**YES**

**NO**

(circle)

(circle)

**BOARD OFFICE (327-9555) NOTIFIED DRILL COMPLETED?:**

**YES**

**NO**

Person in Charge of Building

Person conducting drill.

**Please forward a copy to:** [scottt@holyspirit.ab.ca](mailto:scottt@holyspirit.ab.ca)

Retain a copy for your files and for fire inspector's observation upon request.