

Office of the Fire Marshal & Emergency Preparedness

OFFSITE DRILL RECORD 2020

** PLEASE COMPLETE ELECTRONICALLY **			DATE:	DATE:		
SITE NAME: STREET ADDRESS: SUITE #:			CITY/TOWN:			
PRIM	MARY POINT OF CONTA	ACT:				
NAME:		TITLE:				
	PHONE:		E-MAIL:			
KNC	WLEDGE REVIEW:					
1. In	your fire plan, what d	oes RACE stand for?				
	R =	A =	C =	E =		
2. In	using a fire extinguish	er, what does PASS sta	nd for?			
	P =	A =	S =	S =		
3. Li	st two locations of fire	extinguishers within yo	ur unit:			
	1.					
	2.					
4. Li	st two locations of pull	stations within or near	your unit to activate the	fire alarm:		
	1.					
	2.					
5. Li	st two methods of exit	from the building acces	ssible by your unit:			
	1.					
	2.					
6. W	here outside the build	ing will you bring or dir	ect your <u>patients</u> in care	to assemble?		
7. D	o you have the ability t	to account for <u>patients</u> i	n care to ensure they ha	ve all safely evacuated?		
8. W	here is your rally poin	t for <u>staff</u> , if not the sam	ne as patients?			
9. H	ow will you conduct an	accountability check fo	or <u>staff</u> to ensure they ha	ve all safely evacuated?		
10.	10. In the event of a prolonged incident during inclement weather, is there another nearby location you can direct patients and staff to for comfort and shelter?					



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DRILL ACTIONS:							
Time drill started:							
How long did it take to completely evacuate the unit?: How long did it take to complete an accountability check of patients and staff?:							
What was the scenario you used to initiate the drill?							
Was the evacuation path clear of obstacles?	Yes	No					
Did all emergency exit doors open properly?	Yes	No					
Was your staff emergency contact directory up to date?	Yes	No					
AFTER ACTION REVIEW:							
List 3 things that went WELL during the drill:							
1.							
2.							
3.							
List 3 things CHALLENGES that were encountered during the	drill:						
1.							
2.							
3.							

What are some things that can be done to IMPROVE your fire plan and actions?



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PARTICIPATING STAFF: (use additional sheets if needed)

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PRINTED NAME:	TITLE:	DEPARTMENT:
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SUBMISSION INSTRUCTIONS:

- 1. CLICK SAVE! Save this completed form to your computer.
- 2. Click to compose an E-mail message to **OffsiteDrills@lists.rochester.edu**. Attached the saved file and send.
- 3. Print a copy and save to your files. A copy should be readily available for inspection by your local fire department and regulatory authorities.