

**** PLEASE COMPLETE ELECTRONICALLY ****

DATE:

SITE NAME:

STREET ADDRESS:

SUITE #:

PRIMARY POINT OF CONTACT:

NAME:

PHONE:

CITY/TOWN:

TITLE:

E-MAIL:

KNOWLEDGE REVIEW:

1. In your fire plan, what does RACE stand for?

R =

A =

C =

E =

2. In using a fire extinguisher, what does PASS stand for?

P =

A =

S =

S =

3. List two locations of fire extinguishers within your unit:

1.

2.

4. List two locations of pull stations within or near your unit to activate the fire alarm:

1.

2.

5. List two methods of exit from the building accessible by your unit:

1.

2.

6. Where outside the building will you bring or direct your patients in care to assemble?

7. Do you have the ability to account for patients in care to ensure they have all safely evacuated?

8. Where is your rally point for staff, if not the same as patients?

9. How will you conduct an accountability check for staff to ensure they have all safely evacuated?

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?

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?

