FIRE DRILL PROCEDURE REPORT

<table>
<thead>
<tr>
<th>DATE:</th>
<th>BUILDING:</th>
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<tbody>
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<td>FLOOR #:</td>
<td>DRILL START/END TIME:</td>
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DRILL SURVEY-

Y/N Do you have any mobility impaired personnel? What stairwell are they in? ____________
Y/N Can you hear the siren and the audible voice recording on your floor?
Y/N Can you see the strobes flashing and illuminated fire exit signs on your floor?
Y/N Is your floor clear of debris that may restrict a prompt evacuation or cause a safety hazard?
Y/N Are the stairwell doors properly opening and closing?
Y/N Are students and/or personnel leaving in a timely and appropriate manner?
Y/N Have you inspected all rooms and closed doors?

EMERGENCY EVACUATION AREA-

Y/N Are personnel going to the Emergency Evacuation Area (EEA)? # of people from your floor are at EEA____
Y/N Have you reported your mobility impaired personnel location to Security/EH&S?

COMMENTS & CONCERNS - Please clearly describe any problems noted on your floor for a follow-up investigation.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

EMERGENCY FLOOR LEADER

PRINT NAME: ________________________________

SIGNATURE: ________________________________