

LOUISIANA STATE UNIVERSITY – HEALTH SCIENCES CENTER  
ENVIRONMENTAL, HEALTH AND SAFETY DEPARTMENT

**FIRE DRILL PROCEDURE REPORT**

<b>DATE:</b>	<b>BUILDING:</b>
<b>FLOOR #:</b>	<b>DRILL START/END TIME:</b>

**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?
- Y/N Are you missing any personnel? Report to Security/EH&S immediately.
- Y/N Are there any injuries? Report to the Security/EH&S immediately.

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

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**EMERGENCY FLOOR LEADER**

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_