

**BINDER:** DBH Safety Program

**SECTION:** 6

**AREA:** Fire Drill Reports

	<p>Fire Drills</p> <p><b>Section 6</b></p>	<p>Fire drills are conducted QUARTERLY for DBH facilities (<b>no later than the 22<sup>nd</sup> of each drill month</b>). Drills will be conducted in Jan, Apr, Jul and Oct year).</p> <p>Use the attached standardized Fire Drill Report Format. Bring a hard copy of your report to the DBH Safety Committee meeting each quarter. Maintain a hard copy of the report in your DBH Safety Binder, Section 6.</p> <p>Reference the San Bernardino County Health &amp; Safety Manual, Section 4 (Page 39 – 44). Place a copy of your report in <b>Section 6</b> of the DBH Safety Binder</p>
---	--	---

# INTEROFFICE MEMO



DATE:

PHONE:

FROM:

---

TO:

SUBJECT: Fire Drill Safety Report – ( )

### 1. ALARM ACTIVATION

Fire Department /Alarm Company Notified	YES	NO
Fire Department Arrival Time:	N/A For Drill Purposes Only	
Make-up drill - failed previous drill this month	(Check here)	

### 2. BUILDING EVACUATION

Evacuation Ordered by:	
Time Evacuation Ordered:	
Time Evacuation Completed:	
Total Elapsed Time:	

### 3. BUILDING CLEARANCE INSPECTION

Building / Occupants Accounting Status	YES	NO
All Clients Accounted For		
All Staff Accounted For		
All Doors Closed		
All Staff Actively Participated		
Fire Safety Officer Rounds Made		
First Aid Required		
If yes, explain:		
First Aid Kits, Flashlights and Fire Extinguishers Inspected/Documented		

### 4. DRILL RESULTS

PASS	FAIL	Place a CHECK MARK below
		Checked emergency lights
If fire drill failed, please check the reason below:		Inspected & signed off fire extinguisher tags (MONTHLY)
Not all occupants were evacuated		# of Flashlights brought to the staff assembly point
Unable to account for everyone		# of first aid kits brought to the staff assembly point
Exceeded evacuation time requirement		



**Fire Drill Requirements:** Fire drills are conducted in accordance with your **Emergency Evacuation Plan** once a quarter (before the 22<sup>nd</sup> of the month in January, April, July, and October) at all facilities housing DBH staff and/or clients, and document drills on the standardized Fire Drill Safety Report Memo format (See reverse).

## Instructions for completing monthly fire drill report memo:

### 1. ALARM ACTIVATION:

*Fire Department/Alarm Company Notified*

- Check YES only if the facility has responded to an actual emergency.
- Check NO & N/A for Drill Purposes Only if conducting a fire drill.
- **Indicate if this is a make-up drill for a failed drill in the reporting month**

*Fire Department Arrival Time*

- Annotate the time the fire department arrived ONLY if the facility responded to an actual real emergency.
- Leave blank or indicate N/A if conducting a fire **drill**.

### 2. BUILDING EVACUATION:

Evacuation of a building should occur within 2 minutes after the activation of the fire alarm.

- Enter the name(s) of the individual(s) conducting the fire drill, alarm activation, and building clearance inspection (LSC, BEC, etc.)
- Enter the time the alarm was activated (hour, minutes, and seconds).
- Enter the time the last occupant exited the building (hours, minutes, and seconds).
- Enter the TOTAL TIME it took to complete the building evacuation.

### 3. BUILDING CLEARANCE INSPECTION:

A staff roster should be used by the building inspector to insure all staff is accounted for. Each person should be checked off by name. Clients/training attendees should be accounted for using sign in rosters. Attached is an example staff roster, separated by section and supervisor. **CHECK ONE BLOCK ONLY (See Below)**

- Enter the name(s) of the individual(s) conducting the fire drill and building clearance inspection (LSC, BEC, etc.)
- Check YES ONLY all clients/visitors were accounted for or evacuated from the facility.
- Check YES ONLY if all staff is accounted for.
- Check YES all doors were closed upon inspection.
- Check YES if all staff (present during the drill) participated in the activity.
- Check YES if any first aid assistance was provided.
- If first aid was required, explain what assistance was rendered and report as required by the SB County Employee Safety and Health Manual (Pages 129 – 158) and Department Section, DBH Safety Supplement #10.

### 4. DRILL RESULTS:

- Check **PASS** only if:
  - 1) The building was evacuated in 2 minutes or less **AND**
  - 2) All occupants were accounted for **AND**
- Check **FAIL** if:
  - 1) The building was evacuation time took more than a reasonable time to evacuate OR
  - 2) Any item in #3 was checked NO (Exceptions – First Aid Required & All Doors Closed)

- 1) Emergency lights in the facility should be checked at each drill. Find and push the test button on EACH lighting unit in the facility.
- 2) Fire Extinguishers must be inspected & tags signed off EACH MONTH for leaks, pin placement & charging arrows in the green.
- 3) Employees should attempt to bring flashlights and first aid kits to the assembly point (inventory and check these items for functionality. Note the number of flashlights & first aid kits that have been brought to the staff assembly point for inspection.

**FAILED FIRE DRILLS:** Reasons for failure should be addressed with **all building occupants** and the drill should be re-accomplished and documented **within the drill month.**

Bring a copy of this report to the DBH Safety Committee meeting and place a copy in Section 6 of the DBH Safety Program Binder. Drills should be completed no later than the 22<sup>nd</sup> of month it is due.

Complete ALL sections of this report and submit with the staff accountability roster.

## Staff Accountability Roster

# FIRE DRILL ROSTER

Date:

Clinic/Facility:

(Choose ONE COLUMN ONLY for each employee)

STAFF NAME	PARTICIPATED	ACCOUNTED FOR	UNACCOUNTED FOR
Able, Donna	X		
<b>Frest, David</b>	X		
Goran, Janet	X		
<b>Smith, Abe</b>		X	
Stone, John			X
Daleni, Sally	X		

# SAMPLE

