

Recreational Camp Emergency Plans for Incidents and Natural Disasters

FIRE DRILL CHECKLIST:

Name of Building: _____

Building Address: _____

Name of Camp: _____

Drill Monitor: _____ Title/Position: _____

Fire Drill Location: _____

Floor/Location to which occupants relocated: _____

Method of activation of fire alarm: _____

Time fire alarm activated: _____ Time occupants vacated fire drill floor: _____

Floor Response Personnel:

1. Evacuation Director present	No	OK	Unobserved
2. Assistant Evacuation Director (s) present	No	OK	Unobserved
3. Stair well monitors	No	OK	Unobserved
4. Elevator monitors	No	OK	Unobserved
5. Search monitors	No	OK	Unobserved
6. Assistants to the physically disabled and non-ambulatory	No	OK	Unobserved
7. Interior doors closed but not locked after searched	No	OK	Unobserved
8. Evacuation assistants checked rest rooms	No	OK	Unobserved
Over all response of floor response team	Satisfactory		Unsatisfactory

Occupant Response:

1. Occupant initial response on sounding of alarm	Satisfactory		Unsatisfactory
2. Occupant noise level	Satisfactory		Unsatisfactory
3. Occupants aware of location of stairwell	Yes	No	Unobserved
4. Did evacuation proceed in smooth and orderly manner?	Yes	No	Unobserved
5. Did visitors to building participate in drill?	Yes	No	Unobserved
6. Overall response of occupants	Satisfactory		Unsatisfactory

Drill Monitor Signature: _____

Date of Fire Drill: _____