FIRE AND SAFETY DRILL REPORT

DEPARTMENT AREA ______________________ DATE ______________________

INSTRUCTIONS: This report is to be completed immediately after each drill, by the supervisor in charge of each shift. Please return this form to the hospital engineer's office after the drill is over.

ANSWER IN BLOCK UNDER SHIFT: YES or NO

WAS ALARM HEARD __________ TIME __________

<table>
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<tr>
<th>1st SHIFT</th>
<th>2ND SHIFT</th>
<th>3rd SHIFT</th>
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DID EMPLOYEES RESPOND QUICKLY AND REPORT TO ASSIGNED STATION

WAS SOMEONE STATIONED NEAR PHONE AND LINE OPENED TO SWITCHBOARD

ALL WINDOWS AND DOORS CLOSED

EXTINGUISHER AVAILABLE AND READY FOR USE

ALL EXITS CLEAR

HALLS CLEAR OF VISITORS

ELEVATOR USED

ALL CLEAR CODE HEARD

COMMENTS: ________________________________

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PARTICIPANTS: __________________________

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