

Administrative Services Division
Division of Environmental Health and Safety
Facility and Fire Safety

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FIRE EXIT DRILL EVALUATION

Date of drill:

Name of Facility:

Address of Facility:

Phone #:

Time drill started:

Time drill ended:

Total time:

Drill was conducted orderly? Yes or No If no, why?

Drill was conducted promptly? Yes or No If no, why?

University Police was notified by occupant? Yes or No

Fire alarm was sounded? Yes or No

Were all egress routes free of obstructions, such as exit doors and corridors? Yes No

Participants evacuated to safe distance? Yes or No

Assigned duties carried out effectively? Yes or No

All personnel accounted for outside? Yes or No

Estimated number of people who participated in the drill:

Evaluator's Name (Print):

Date:

Evaluator's Signature:

Received by EH&S Representative:

Date:

(File completed form with your building records and submit a copy by mail or fax to EH&S)