Fire Drill Check List and Summary Recommendations	Date:	Time:			
This form is to be completed by the person responsible for conducting and coordinating the building fire safety program, which includes monitoring fire drills and monthly fire alarm system test(s).				**Yes**	**No**
Fire department notified before fire alarm test or fire drill? Fire department phone # **739-4220 ext 3230** Name of person contacted:					
Alarm Monitoring Company notified before fire alarm test or fire drill? Monitoring company phone # Name of person contacted:					
Fire alarm system tested on secondary source of power (Battery or Generator as applicable)?					
Fire alarm system activated correctly?					
Second stage alarm signal activated correctly (where applicable)?					
Annunciator(s) indicated the correct fire alarm zone of alarm origin?					
"All clear" announced and staff instructed to sign fire drill attendance record?					
Fire alarm system reset and returned to primary power source?					
Fire alarm ancillary devices reset and checked: Electro-magnetic locking devices Elevators HVAC Hold-open features on fire doors					
Fire alarm system clear of any "trouble"?					
Confirmed fire alarm monitoring company received alarm signal?					
Fire department notified after drill?					
When applicable, confirmed fire department received alarm signal?					
Unscheduled Fire Alarm Signal Activation	**Date:**	**Time:**	**Applicable**		
Cause of alarm determined to be:					
Fire Department Arrival Time (if known):				**Yes**	**No**
Fire alarm control panel reset after emergency was over?					
Fire alarm "trouble signal" clear?					
"*All clear*" announced and staff instructed to sign fire drill attendance record?					
Fire alarm ancillary devices reset and checked: Electro-magnetic locking devices Elevators HVAC Hold-open features on fire doors					
Fire alarm system repair company notified of repairs required? Time: Name of person contacted:					
Fire alarm system repaired – Date: Time:					
Conclusions, recommendations for changes to fire safety plan or procedures:					
Print Name:	**Signature:**			**Date:**	