

SCSU Fire/Evacuation Drill *Observer's Report*

Instructions: Please forward completed report form to the Safety Administrator, Joe Teff (jnteff@stcloudstate.edu)

Drill Date:	Drill Time:
Drill Location:	Type of Drill <input type="checkbox"/> Planned <input type="checkbox"/> False Alarm

List all participating departments:

Scenario or special circumstances:

Observer's responsibility for the drill:

Was alarm heard throughout the building? Yes ___ No ___

Were all alarm devices operating correctly? Yes ___ No ___

If no, note locations _____

Did all occupants evacuate the building? Yes ___ No ___

If no, note room numbers _____

Did occupants assemble in designated areas? Yes ___ No ___

Please rate the overall effectiveness of the drill:

Speed of Evacuation Good ___ Fair ___ Poor ___

Effectiveness of Procedures Good ___ Fair ___ Poor ___

Communication during Drill Good ___ Fair ___ Poor ___

Total time required to evacuate building: ___ Minutes ___ Seconds

Additional comments:

Time "All Clear" given:	Alarm system reset by:
Observer report completed by:	