

**SENIORS AND PEOPLE WITH DISABILITIES  
STATE-OPERATED COMMUNITY PROGRAM  
FIRE DRILL RECORD**

<b>Home:</b>	<b>Date:</b> ___/___/___ Mo Day Yr.	<b>Time:</b> ___:___ AM / PM (Circle)
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<b>Established Reasonable Evacuation Time:</b>  <p align="center">Awake or Sleep: 3 Minutes</p>	<b>Location of Simulated Fire:</b> <hr/> <b>Exit Route:</b> _____ <b>*Must vary location / route each month</b>
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Client's Name <small>(Last name, First init)</small>	Evacuation Time in Minutes										Comments
	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	

<b>STAFF PRESENT</b>		
<b>(All staff on premises must participate in Drill)</b>		

<b>Signature of Staff Conducting Drill:</b> _____
<b>Signature of House Manager:</b> _____