

APPALACHIAN STATE UNIVERSITY

**Fire Safety Exit Drill Report
Educational Occupancies**

Building:

Date:

Time

a.m.

p.m.

Amount of time to
complete drill:

Minutes

Seconds

Alarm Triggered at:

Describe weather
conditions:

Were all occupants
evacuated?

Yes

No

If no, list names:

Number of occupants
evacuated:

Describe any
problems with the
alarm system
(strobes, horns, door
closures, etc.):

Describe the drill as it
was performed:

Evaluate the
effectiveness of the
drill:

Person filing report:

Title:

Telephone number:

Please keep original on file and forward a copy to the Fire & Life Safety Manager, EHS&EM (262-4007)

4/16/bsc