

**FIRE and SAFETY DRILL Documentation for
GROUP CHILD CARE CENTERS**

Name of Program(s) _____ YEAR _____

1. Smoke detectors or fire alarms are in working order and are checked weekly. Enter date checked.												
Month	January	February	March	April	May	June	July	August	September	October	November	December
W E E K	1											
	2											
	3											
	4											

Fire evacuation practice												
Enter monthly: Row 1 & 2= date & time of practice (Dt/Tm); Row 3 – evacuation time (ET)												
Month	January	February	March	April	May	June	July	August	September	October	November	December
Date (Dt)												
Time (Tm)												
ET												

Tornado drill practice: Enter date drill completed and time of drill.
 April: _____ May: _____ June: _____ July: _____ Aug: _____ Sept: _____ Oct: _____

Offsite Building Emergency Evacuation Practice: _____

Lockdown Practice: _____ 1 x /year

Staff completing form (please print)

Staff Signature

Date

If applicable, Fire Department Official's Signature

Date