





Business Name				
Business Address				
Drill Leader Name				
Date/Time of Drill				
Drill Notification Method	Smoke Dete	ection	Pull Station	Other_
Fire Department Notification I	Method	Phone	Alarm Company	Both
Number of Staff on Duty				
Number of Occupants Evacuated				
Special Conditions Simulated_				
Problems Encountered				
Weather Conditions				
Evacuation Time				
Incident Number				
Fire Department Officer				
Drill Leader Signature				

Staff training sign in: (if required)