

Medical Center of Louisiana at New Orleans Fire Drill Evaluation Form

Date: _____ **Time of Alarm:** _____ **Dept./Unit Evaluated** _____

Bldg.: _____ **Location of Fire** _____ **All Clear Announced** _____

I. EVALUATION OF EMPLOYEE KNOWLEDGE:	# of staff tested	# demonstrating or describing correct response procedure
a. Know actions to be taken in zone of origin.	_____	_____
b. Know actions to be taken outside zone of origin.	_____	_____
c. How to report a fire.	_____	_____

II EVALUATIONS IN ZONE OF ORIGIN	Poor	Satisfactory	Excellent
a. Patients in immediate area of fire removed	_____	_____	_____
b. Appropriate measures implemented to extinguish fire	_____	_____	_____
c. Doors and windows closed	_____	_____	_____
d. Appliances and oxygen off	_____	_____	_____
e. All lights on	_____	_____	_____
f. Patients/Visitors reassured	_____	_____	_____
g. Exits and corridors cleared within 1 minute	_____	_____	_____
h. Employees/patients accounted for	_____	_____	_____
I. Response organized, controlled and coordinated	_____	_____	_____
j. Response timely (RACE implemented within 1 minute)	_____	_____	_____
k. Participation of all employees in area	_____	_____	_____

III. EVALUATION OF RESPONSE TEAM	Poor	Satisfactory	Excellent
a. Sufficient personnel responded # _____ personnel	_____	_____	_____
b. Response timely: _____ minutes	_____	_____	_____
c. Personnel properly equipped with # _____ and type _____ of extinguishers	_____	_____	_____

IV. EVALUATION OF UNITS/OFFICES OUTSIDE ZONE OF ORIGIN	Poor	Satisfactory	Excellent
a. Departments/Units located above, below adjacent to fire scene are prepared to receive evacuees	_____	_____	_____
b. Employees alert and aware of code location	_____	_____	_____
c. Doors and windows closed	_____	_____	_____
d. Telephones manned	_____	_____	_____
e. Exits and corridors clear	_____	_____	_____
f. Patients/Visitors reassured	_____	_____	_____
g. Patients/employees accounted for	_____	_____	_____
h. Participation of all employees in drill	_____	_____	_____

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