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|  | **Fire Drill Checklist** |  |
| **FREQUENCY** | **DATE** |
| **WEEKLY / MONTHLY / QUARTERLY (Select as applicable)** |  |
| **Location .......................................................................** |
| **Fire Drill - ITEMS TO CHECK** | **YES** | **NO** | **IMP.** |
| Fire drill was conducted as per schedule. |  |  |  |
| All employees were informed about the fire drill in advance. |  |  |  |
| Fire alarms were activated and functioned correctly. |  |  |  |
| Emergency exits were used correctly and remained unobstructed. |  |  |  |
| Employees followed the designated evacuation routes. |  |  |  |
| Emergency lighting was functional during the drill. |  |  |  |
| Evacuation assembly point was clearly marked and utilized. |  |  |  |
| Fire wardens performed their duties effectively. |  |  |  |
| Communication systems (PA system, radios) functioned properly. |  |  |  |
| Fire extinguishers were checked and available in key locations. |  |  |  |
| Employees with disabilities were assisted as per emergency plan. |  |  |  |
| Time taken for complete evacuation was recorded. |  |  |  |
| Employees understood and followed emergency response procedures. |  |  |  |
| Doors were closed but not locked to prevent fire spread. |  |  |  |
| Fire department or emergency services were notified (if required). |  |  |  |
| Post-drill debriefing was conducted to identify areas for improvement. |  |  |  |
| Any safety hazards identified during the drill were documented. |  |  |  |
| Employees returned to work safely after the all-clear signal. |  |  |  |
| Fire drill records were updated and stored properly. |  |  |  |
| Recommendations for improving future fire drills were noted. |  |  |  |
| **Comments:** |  |  |
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| ****Fire Drill Condition and Compliance Check**** |
| Fire Drill Equipment | Location | Qty | OK | Not OK | Remarks (Mention Check No.) |
| Fire Alarms |  |  |  |  |  |
| Emergency Exit Signs |  |  |  |  |  |
| Evacuation Maps |  |  |  |  |  |
| Fire Extinguishers |  |  |  |  |  |
| First Aid Kits |  |  |  |  |  |
| **Inspected By;****Name: .............................................. Designation: ..................................... Signature: .....................................** |