

**FIRE EXIT DRILL RECORDS FOR
ADULT FAMILY CARE HOMES**

PROVIDER: _____

ADDRESS: _____ **CITY:** _____

DATE: / /	EXIT TIME: M/S	# OCCUPANTS:	# FAMILY:
UNUSUAL OCCURRENCES AFFECTING EXIT DRILL TIME IF MORE THAN 3 MINUTES:			
DRILL CONDUCTED BY:		TIME OF DAY:	
WITNESS:			

DATE: / /	EXIT TIME: M/S	# OCCUPANTS:	# FAMILY:
UNUSUAL OCCURRENCES AFFECTING EXIT DRILL TIME IF MORE THAN 3 MINUTES:			
DRILL CONDUCTED BY:		TIME OF DAY:	
WITNESS:			

DATE: / /	EXIT TIME: M/S	# OCCUPANTS:	# FAMILY:
UNUSUAL OCCURRENCES AFFECTING EXIT DRILL TIME IF MORE THAN 3 MINUTES:			
DRILL CONDUCTED BY:		TIME OF DAY:	
WITNESS:			

DATE: / /	EXIT TIME: M/S	# OCCUPANTS:	# FAMILY:
UNUSUAL OCCURRENCES AFFECTING EXIT DRILL TIME IF MORE THAN 3 MINUTES:			
DRILL CONDUCTED BY:		TIME OF DAY:	
WITNESS:			