



GOLDEN RULE SERVICES, Inc.

FIRE DRILL REPORT – Host Home Providers

Name of Consumer: _____

Address: _____

Person(s) Conducting Drill: _____

Date: _____

Day: _____

Begin Time: _____ AM/PM End Time: _____ AM/PM

Awake: **Yes** **No**

Number of Persons Evacuated: _____

All Occupants Accounted For? Yes No (If no, explain) _____

Conditions of Exits: _____

Conditions of Building: _____

Alarm System Used During Drill: _____ Manual _____ Building

Completed by: _____
Signature Date

Reviewed by: _____
Signature Date