

Fire Evacuation Drills & Safety Checks

	Fire Drills		Smoke Alarm Checks		Fire Extinguisher Checks	
Month	Date	Initials	Date	Initials	Date	Initials
January*						
February						
March						
April*						
May						
June						
July*						
August						
September						
October*						
November						
December						

*Indicates Quarterly

Per Chambers County Fire Code and International Fire Code 2015;

Monthly

- Schools, Daycares and educational facilities are required to perform monthly drills with staff and students;

Quarterly

- Restaurants, Bars, auditoriums, theatres, churches, other places of assembly – quarterly with staff only;
- Hospitals, healthcare institutions, nursing homes and jails required quarterly each shift with staff only;
- Hotels and motels quarterly each shift with staff only;
- Apartments, dorms and assisted living facilities quarterly with all occupants;

Yearly

- Business offices are required to perform drills yearly if there are over 500 people in the building, or 100 on another level;
- Factories are required to perform drills yearly with all occupants.

Fire Safety & Evacuation Plan for: _____

1. The preferred and any alternative means of reporting fires and other emergencies to the fire department or designated emergency response organization.

- a. Dial 911
- b. Dial 409-267-2500 (non-emergency)

2. The preferred and any alternative means of notifying occupants of a fire or emergency, including areas with a private mode alarm system.

- a. _____
- b. _____

3. A description of the emergency voice/alarm communicate system alert tone and pre-programmed messages, where provided.

4. Does the entire building need to be evacuated, or, where *approved*, by selected floors or areas only (partial evacuation may only apply to certain facilities like hospitals, etc.).

5. Procedures for evacuating occupants, including those who need assistance evacuating.

6. Procedures for occupants under a defend-in-place response.

7. Procedures for the use of evacuation elevators complying with Section 3008 of the IBC, if provided.

8. Where is the assembly point for evacuating in case of fire?

9. How will you account for employees and occupants after evacuation has been completed?

10. Identification and assignment of personnel responsible for rescue or emergency medical aid.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

11. List particular Fire Hazards associated with this building/premises, including any hazardous materials.

12. List any special equipment or processes that must be shut down in case of a fire, and the personnel responsible for doing so.

13. Identification and assignment of personnel responsible for maintenance of systems and equipment installed to prevent or control fires.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

14. Identification and assignment of personnel responsible for maintenance, housekeeping and controlling fuel hazard sources (removing trash or any items that may cause a fire or burn).

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

15. Identification and assignment of personnel who can be contacted for further information or explanation of duties under the plan.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

[INSERT THE FOLLOWING DOCUMENTS/DRAWINGS]

16. **Site plan/sketch indicating the following:**

- The evacuation assembly point.
- The locations of fire hydrants.
- The normal routes of fire department vehicle access.

17. **Evacuation Diagram of each floor for the Building, which includes:**

- Exits.
- Primary evacuation routes.
- Secondary evacuation routes.
- Accessible egress routes (for handicapped).
- Areas of refuge (if applicable).
- Exterior areas for assisted rescue (if applicable).
- Refuge areas associated with *smoke barriers* and *horizontal exits*.
- Manual fire alarm boxes.
- Portable fire extinguishers.
- Occupant-use hose stations (if applicable).
- Fire alarm annunciators and controls.