Fire/Earthquake Drill

Center: _____ Room #: _____

Teacher: _____ Session: A.M. ☐ P.M. ☐ F.D. ☐

Fire Drills must be done on a monthly basis. Earthquake/Disaster drills must be done quarterly.
Please use one form for each class. Post in each classroom.

Date	Type F=Fire E=Earthquake	Number of Staff	Number of Children	Number of Other Adults	Total Number Present	Time Drill Started	Time Drill Ended	Total Number of Minutes