

Administrative Services Division  
Division of Environmental Health and Safety  
Facility and Fire Safety

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## FIRE EXIT DRILL EVALUATION

Date of drill:		Name of Facility:	
Address of Facility:		Phone #:	
Time drill started:	Time drill ended:	Total time:	
Drill was conducted orderly? Yes      or No      If no, why?			
Drill was conducted promptly? Yes      or No      If no, why?			
University Police was notified by occupant? Yes      or No		Fire alarm was sounded? Yes      or No	
Were all egress routes free of obstructions, such as exit doors and corridors? Yes      or No			
Participants evacuated to a safe distance? Yes      or No			
Assigned duties carried out effectively? Yes      or No			
Participants met at a pre-designated location? Yes      or No			
All personnel accounted for outside? Yes      or No			
Estimated number of people who participated in the drill:		Alarm signal Received? Yes      No	
Has the fire alarm been reset? Yes      or No		Has UPD been notified of drill completion? Yes      or No	
COMMENTS:			
Evaluator's Name (Print):		Date:	
Evaluator's Signature:			
Received by EH&S Representative:		Date:	
(File completed form with your building records and submit a copy by mail or fax to EH&S)			