

# AUSTIN PEAY STATE UNIVERSITY

## Fire/Evacuation Drill Record

**Thank you for participating in today's drill.**

Please complete the following form and return it to:

**Safety Inspectors office: [petriep@apsu.edu](mailto:petriep@apsu.edu)**

This information will be compiled and forwarded to the Building Coordinator, Housing Department and the Office of Public Safety.

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Date of Drill: \_\_\_\_\_

Time of Drill: \_\_\_\_\_

Location: \_\_\_\_\_

Building Contact:

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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This report was completed by:

Your area of responsibility within  
building: \_\_\_\_\_

Was an alarm sounded for the drill? \_\_\_\_ **yes** \_\_\_\_ **no**

Were alarm devices operating correctly  
(strobes flashing, bells or horns sounding)? \_\_\_\_ **yes** \_\_\_\_ **no**

(If no, note location and malfunction)

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Did all occupants evacuate the building? \_\_\_\_ **yes** \_\_\_\_ **no**

(If no, note room number and reason)

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Was this drill announced? \_\_\_\_\_ Unannounced? \_\_\_\_\_

Rate the effectiveness of the drill:

	Good	Fair	Poor
Personnel Response			
Effectiveness of Procedures			
Speed of Evacuation			
Communication during Drill			

Additional comments:

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**Witnessed By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

(may be Building Coordinator, Housing Director/Assistant, Safety Inspector )