

MOUNT LAUREL

FIRE DEPARTMENT

Est. 1953

69 Elbo Lane
Mount Laurel, NJ 08054

Tel: (856) 234-6053
Fax: (856) 234-3756

FIRE DRILL LOG

Name of facility: _____

Address: _____

Telephone no.: _____ Date of drill: _____

Time of drill: _____ Weather conditions: _____

Name of person notifying the fire alarm monitor company: _____

Name of dispatcher contacted at beginning of fire drill: _____

Name of dispatcher contacted at conclusion of fire drill: _____

Name of employee activating the alarm: _____

Method of activating the fire alarm (check one): Smoke Alarm Pull Station

- Did employee know the location of the fire alarm? Yes No
- Did all occupants evacuate to the exterior of the building? Yes No
(If no, please explain.)
- Were all areas of the building checked for occupants? Yes No
- Did all employees participate in the fire drill? Yes No
(If no, please explain.)
- Did employees identify a second means of egress: Yes No
- Did employees respond with a fire extinguisher? (if applicable) Yes No
- Did employee know how to use the fire extinguisher? (if applicable) Yes No