

Fire Drill Report

Ohio University Environmental Health & Safety

Building: _____

Resident Director: _____

Phone: _____

Fire Drill Date: _____ Time: _____

Proper Evacuation: Yes _____ No _____

Exits Clear: Yes _____ No _____

Fire Alarm Proper Operation: Yes _____ No _____

Horns Proper Operation: Yes _____ No _____

Strobes Proper Operation: Yes _____ No _____

Pull Station Proper Operation: Yes _____ No _____

Dialer Proper Operation: Yes _____ No _____

Successful Panel Reset: Yes _____ No _____

Persons Attending: _____

Contact Numbers: OUPD 593-1911
911 594-6065
Facilities Management 593-2911

****You may fax this to EHS at: 593-0808****