



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

**FIRE EXIT DRILL RECORDS FOR
ADULT FAMILY CARE HOMES
BUREAU OF FIRE PREVENTION**

PROVIDER: _____

ADDRESS: _____ CITY: _____

DATE:	EGRESS TIME: M/S	# RESIDENTS:	# FAMILY:
-------	------------------	--------------	-----------

UNUSUAL OCCURRENCES AFFECTING EXIT DRILL TIME IF MORE THAN 3 MINUTES:

DRILL CONDUCTED BY:

WITNESS:

DATE:	EGRESS TIME: M/S	# RESIDENTS:	# FAMILY:
-------	------------------	--------------	-----------

UNUSUAL OCCURRENCES AFFECTING EXIT DRILL TIME IF MORE THAN 3 MINUTES:

DRILL CONDUCTED BY:

WITNESS:

DATE:	EGRESS TIME: M/S	# RESIDENTS:	# FAMILY:
-------	------------------	--------------	-----------

UNUSUAL OCCURRENCES AFFECTING EXIT DRILL TIME IF MORE THAN 3 MINUTES:

DRILL CONDUCTED BY:

WITNESS: