



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

DRILL CONDUCTED BY:

WITNESS:

DATE:	EGRESS TIME: M/S	# RESIDENTS:	# FAMILY:
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UNUSUAL OCCURRENCES AFFECTING EXIT DRILL TIME IF MORE THAN 3 MINUTES:

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