

Administrative Services Division
Division of Environmental Health and Safety
Facility and Fire Safety

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Tampa, Florida 33620
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FIRE EXIT DRILL EVALUATION

Date of drill: _____ Name of Facility: _____

Address of Facility: _____ Phone #: _____

Drill was conducted orderly? Yes or No If no, why?

Drill was conducted promptly? Yes or No If no, why?

University Police was notified by occupant? Yes or No

Fire alarm was sounded? Yes or No

Were all egress routes free of obstructions, such as exit doors and corridors? ~~Yes~~ No

All personnel accounted for outside? Yes or No

Estimated number of people who participated in the drill:

Evaluator's Name (Print): _____

Date: _____

Evaluator's Signature: _____

Received by EH&S Representative: _____

Date: _____

(File completed form with your building records and submit a copy by mail or fax to EH&S)