



West Virginia University
Environmental Health and Safety
Fire Drill Evaluation Check List

Building: _____ Number of Floors _____ Date: _____			
Evaluator: _____ Evacuation Signal Used: _____			
Evaluation Items	Yes	No	Comments
Was complete evacuation of the building accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	
Were all areas of the building checked?	<input type="checkbox"/>	<input type="checkbox"/>	
Were all designated evacuation routes clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	
Were designated evacuation routes taken?	<input type="checkbox"/>	<input type="checkbox"/>	
Did excessive noise accompany evacuation?	<input type="checkbox"/>	<input type="checkbox"/>	
Were there designated meeting areas assigned to each evacuation group?	<input type="checkbox"/>	<input type="checkbox"/>	
Were the designated meeting areas located at a safe distance from the building?	<input type="checkbox"/>	<input type="checkbox"/>	
Did each evacuation group meet and remain in their designated meeting area?	<input type="checkbox"/>	<input type="checkbox"/>	
Was an accurate count taken of each evacuation group?	<input type="checkbox"/>	<input type="checkbox"/>	
Have procedures for the handicapped been addressed?	<input type="checkbox"/>	<input type="checkbox"/>	
Did all equipment function properly?	<input type="checkbox"/>	<input type="checkbox"/>	

Evacuation Start Time	Evacuation End Time	Total Evacuation Time
-----------------------	---------------------	-----------------------

Please forward a copy of this form to Environmental Health and Safety, PO Box 6551, Morgantown, WV 26506