

UFCC FORM FIRE DRILL LOG

Umbrella Family and Child Centres of Hamilton

Fire drills are to be completed monthly at ALL locations, and MUST be recorded in the daily journal.

SITE NAME:					
Date Conducted (mm/dd/yy):					
Time Conducted (hh:mm, AM/PM):					
Program Room Participating in the Drill:					
Age Group of Program Room:					
Number of Children Present:					
Number of Child Care Personnel Present	Staff:	Students:	Voluntee	ers:	
Amount of Time Taken to Evacuate the Centre:					
Person Responsible for Initiating Drill: (e.g. school, name of program staff)					
Were the written procedures approved by the local fire chief followed during the fire drill?	□ Yes □ No	If no, please provic	le a rationale in the	e comment sect	ion below.
Additional Comments: (e.g. rationale for the time taken to evacuate the centre, observations, issues or concerns, children's reactions, next steps for improvement, etc.)					
PRINTED NAME OF SUPERVISOR OR DESIGNATE	NAME OF SUPERVISOR OR DESIGNATE SIGNATURE OF SUPERVISOR OR DESI		R DESIGNATE	IATE DATE	
				<u>I</u>	
			Last Rev	vision Approved:	October 9, 2022
			Date	of Next Review:	October, 2023