

AWAKE
 ASLEEP

SELF-PRESERVATION CLASSIFICATION / FIRE DRILL FORM

Vendor: MHA Program: _____ Program Address _____
 (If applicable include Apartment Unit Number)

Date: _____ Time of Drill: _____ AM _____ PM License # _____ Prog Type: Apt Prgm _____
 Ltd Apt _____ Grp Res _____ Ltd Grp Res _____

of Clients Present: _____ # of Staff Present: _____ Awake night staff? If yes, #? _____, No: _____

Staff Conducting Drill: _____ Which Exit Blocked? _____

Client Name (1 st initial & last name only)	A w a k e	A s l e e p	Exit Time	Client Location At Time Of Drill	Bedroom Location	Assistance Verbal/ Physical (if any)	Unimpaired (Unassisted)	Partially Impaired (Verbal)	Impaired (Physical)

List Non-Ambulatory clients (Does not necessarily affect classification): _____

Comments / Observations: (Was this test representative of previous tests? Did clients perform as expected?) _____

Building Type: Single story house _____, Two story house _____, Apt – 1st fl _____, 2nd fl _____, 3rd fl _____

 Signature of Staff Conducting Drill Date Signature of Supervisor Reviewing Results Date