

Mental Health Association, Inc.
Youth in Transition SELF-PRESERVATION CLASSIFICATION / FIRE DRILL FORM

Date: _____ Check one: 15 Pratt Street Springfield, MA 01107 403 Maple Street, Springfield, MA 01108

Time of Drill: _____AM / PM 1st Shift / 2nd Shift / 3rd Shift 1st Quarter ____ 2nd Quarter ____ 3rd Quarter ____ 4th Quarter ____

Building Type: Single story house _____, Two story house _____ # Of Clients Present: _____ # Of Staff Present: _____

Staff Conducting Drill: _____ Second Staff: _____

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)

Signature of Staff Conducting Drill

Date

Signature of Supervisor Reviewing Results

Date

Reviewed by the Quality Improvement Coordinator (Initial) _____ Date: _____

Explain barriers to success in the event a participant has not evacuated within the 2 ½ minutes allotted. Be sure to include the participant's name and reasons for lapsed time.

Other Comments / Observations:
