



Fire Drill Log

(Year)

Provider's Name: _____

Provider's Address: _____

****It is recommended that you alternate exits and days/times with each drill****

<u>Date</u>	<u>Time</u>	<u>No of Children</u>	<u>Primary/Secondary escape route</u>
	Start/End		
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			