

## Fire Drill Report

Site (address):	Sheeplands Farm, Wargrave, RG10 8DJ		
Date and Time of Drill:	28/02/2020, 17:00	Shift:	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night
Total Time of Drill:	28/02/2020 10 min		
Buildings/Departments/Personnel who participated:			
<b>Fire Drill Details</b>			
Name of Person Conducting the Drill: <span style="background-color: black; color: black;">[REDACTED]</span>			
Was the alarm sounded for the drill? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Number of occupants evacuated: 51			
Which areas of the facility were affected?			
<input checked="" type="checkbox"/> Camp Site <input type="checkbox"/> Packhouse <input type="checkbox"/> Other Specify: _____			
Was an evacuation of these areas completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If an evacuation was not completed, explain why.			

Effectiveness of the Drill	Satisfactory	Unsatisfactory	Comments
1. Personnel response	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Occupant/visitor response	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Personnel familiar with duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Effectiveness of procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Speed of Evacuation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Communication during drill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Personnel familiarity with protection systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

<b>Attachments:</b>		
<input checked="" type="checkbox"/> List of occupants <input type="checkbox"/> Other Specify: _____		
<b>Date of Report:</b> 02/03/2020		
<b>Completed By:</b> <span style="background-color: black; color: black;">[REDACTED]</span>		
<b>Signature:</b> <span style="background-color: black; color: black;">[REDACTED]</span>		