

**Supported Family Living
Drill Records**

Fire

Date of Drill	Time of Drill	Time for Evacuation	Initials of persons present for the drill
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Fire Extinguishers: ____ Full ____ Empty ____ Inspection Date: ____
 Fire Alarms: ____ Working Order ____ Non-working Order

Tornado

Date of Drill	Time of Drill	Initials of persons present for the drill
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

 Signature of Supported Family Living Parent