

Abiding Choice Inc.  
ASLEEP FIRE DRILL

<b>Address</b> _____		<b>Date</b> _____	
<b>Name of Host Home Provider Conducting Drill</b> _____			
<b>Fire Drill Schedule</b>	<b>(Circle Month)</b>	<b>Drill Time</b>	
	Asleep (Initial)	MUST be done in 3 min or less	
January	May	September	<b>1.) Drill Start Time</b> __: __AM/PM
February	June	October	
March	July	November	<b>2.) Drill End Time</b> __: __AM/PM
April	August	December	
<b>ALL FIRE DRILLS WILL NEED TO BE CONDUCTED WHILE CLIENTS ARE ASLEEP</b>			
<b>Location of Simulated Fire</b> _____			
<b>Exit Utilized</b>			
<b>Circle One</b>			
Front Door      Back Door      Window      Other _____			
<b>Name of Safe Location Outside</b>			
Use same location for every drill			
<b>Smoke Detector(s) Test</b>			
<b>Check One</b>			
___ All Pass			
___ Failure (enter correction in comments section below)			
<b>Extinguisher Check</b>			
<b>Check One</b>			
___ All Pass (hoses good, charge in green/ok section, easily accessible)			
___ Failure (enter correction in comments section below)			
<b>Comments: PLEASE LIST CLIENTS WHO PARTICIPATED IN THIS SECTION</b>			

Refer to the Emergency Plan posted in your black binder for all fire and disaster drills

**Signature of Person Conducting Drill:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Effective: 5/1/24