



Real Care, Inc. Fire Drill / Disaster Drill / Review of Safety Plan

Client Name: _____ Provider Name: _____

FIRE DRILL

Location of Mock Fire: _____ Date of Fire Drill: _____

Time of Fire Drill: _____:_____ am / pm How long did evacuation take? _____minutes

1. Did everyone leave the house? Yes No If no, why not? _____

2. Were all rooms checked? Yes No If no, why not? _____

3. Were doors and windows closed? Yes No If no, why not? _____

DISASTER DRILL

Time of Disaster Drill: _____:_____ am / pm Date of Disaster Drill: _____

Type of Disaster Drill: _____

Procedure in Safety Plan Followed: Yes No

Carbon Monoxide (CO2) detector was tested and functioning well

SAFETY PLAN REVIEW

I have reviewed the Safety Plan with _____ Date Reviewed: _____
(Individuals Name)

Safety Plan Reviewed By: _____ Date Reviewed: _____
(Provider's Name)

Area of Safety Plan Reviewed: _____

Does Safety Plan reflect the needs of the Individual: Yes No, see comments

REVIEW

Recommendations / Comments: _____

Completed By: Provider Signature _____

_____ Date

Reviewed By: Real Care, Inc. Representative _____

_____ Date