**Child Care Fire Safety & Emergency Drills Record for**       (year)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Annual Maintenance of Fire Extinguishers** | | | Date: | | | |  | | | | | | |
|  | | | | | | |  | | | | | | |
| **Monthly Inspection of Premises to Identify & Eliminate Possible Fire Hazards** | | | | | | | | | | | | | |
|  | JAN | FEB | | MAR | APR | MAY | JUNE | JULY | AUG | SEPT | OCT | NOV | DEC |
| Date |  |  | |  |  |  |  |  |  |  |  |  |  |
| Staff Initials |  |  | |  |  |  |  |  |  |  |  |  |  |
| **Monthly checks to ensure these items are working properly:** | | | | | | | | | | | | | |
| Alternate alarms |  |  | |  |  |  |  |  |  |  |  |  |  |
| Emergency lighting |  |  | |  |  |  |  |  |  |  |  |  |  |
| Test smoke detectors |  |  | |  |  |  |  |  |  |  |  |  |  |
| Test carbon monoxide detectors |  |  | |  |  |  |  |  |  |  |  |  |  |
| Inspect fire extinguishers |  |  | |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Monthly Fire and Evacuation Drills** | | | | | | |
| **Month** | **Date** | **Time of Day/Night** | **# of Children** | **# of**  **Staff** | **Length of Drill** | **Notes - How did the drill go? How may the drill be improved?**  **(continue notes on back page, if necessary)** |
| JAN |  |  |  |  |  |  |
| FEB |  |  |  |  |  |  |
| MAR |  |  |  |  |  |  |
| APR |  |  |  |  |  |  |
| MAY |  |  |  |  |  |  |
| JUNE |  |  |  |  |  |  |
| JULY |  |  |  |  |  |  |
| AUG |  |  |  |  |  |  |
| SEPT |  |  |  |  |  |  |
| OCT |  |  |  |  |  |  |
| NOV |  |  |  |  |  |  |
| DEC |  |  |  |  |  |  |
|  | | | | | | |
| **Earthquake, Lockdown, or Shelter-in-place Drill – once every three calendar months** | | | | | | |
| **Type of Drill** | **Date** | **Time of Day/Night** | **# of Children** | **# of Staff** | **Length of Drill** | **Notes - How did the drill go? How may the drill be improved?**  **(continue notes on back page, if necessary)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |