



**ENVIRONMENTAL HEALTH, SAFETY, and RISK MANAGEMENT
FIRE DRILL EVALUATION**

Building: _____

Date: _____

Fire Control No.: _____

Time initiated: _____

Time last exited _____

Total Time to Exit: _____

UT Police arrival: _____

- | | | |
|--|-----|----|
| 1. Did all persons exit in orderly fashion? | Yes | No |
| 2. Did all persons assemble 150 feet from building? | Yes | No |
| 3. Were doors and exit doors properly shut? | Yes | No |
| 4. Is last person to exit evacuation assistant or building supervisor? | Yes | No |
| 5. Did all alarms and emergency lights work properly? | Yes | No |
| 6. Were all persons accounted for? | Yes | No |

Additional Comments/Concerns:

EHSRM Representative _____ **Signature:** _____

Edinburg (956) 665-3690

Brownsville (956) 882-5929