Dear Administrators,

During our periodic visits to facilities, we have noticed that some facilities are not aware of the rules for holding and documenting fire drills.

Here are two specific rules relating to conducting and documenting fire drills:

**IDAPA 16.03.22.410.02. Fire Drills.** All personnel and residents must participate in a minimum of one (1) fire drill per shift per quarter. Fire drills must be unannounced.

**IDAPA 16.03.22.750.01. Fire Drill Documentation.** Written documentation of each fire drill, one (1) per shift per quarter, must be maintained on file at the facility and must contain a description of each drill, the date and time of the drill, response of the personnel and residents, problems encountered and recommendations for improvement.

Please review your facility’s fire drill practices and documentation to be sure they meet the rule requirements.

For your convenience, we have attached a sample fire drill form. When filled out completely and correctly, this form meets the requirements. Please feel free to use this form or add to it if you would like.

If you have questions, please contact us at (208) 334-6626. You may speak to either the Facility Fire Safety & Construction surveyors or the RALF surveyors. Thank you for your commitment to resident safety.

Sincerely,

THE RALF TEAM
Idaho Residential Care/Assisted Living Fire Drill

Date of Drill: _____/_____/______  Time of Drill: ______________ AM / PM __________

Shift: _______________  Day of Week: _______________  Weather: ____________________

Person Conducting Drill: ________________________________  Evacuation Time: __________

This form if properly completed meets the requirements for a record of fire drill in accordance
with IDAPA 16./03.22.750.01

(Continue on back or attachment if more room is needed)

Staff Participating/Titles:  Staff Response:
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
__________________________________  __________________________________________
Description of fire drill:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Problems encountered:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Recommendations for improvement:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Person completing report: ___________________________________
Signature: ________________________________________________