

SIDDHARTH SERVICES, INC.

In pursuit of overall well being

FIRE DRILL FORM

Name of Residence:	
Name of Resident(s):	

Date	Time AM/PM	Awake/Sleep	Evacuation Time (mins/secs)	Exit Used	Level of Assistance	Alarm Test <input checked="" type="checkbox"/>	Fire Extin <input checked="" type="checkbox"/>	Resident Names

Note: Sleep drills need to be conducted between 11PM – 6AM every quarter. Awake drills are to be conducted during random times of the day.

Fire extinguishers: Last Service Date: _____ . Service Expiration Date: _____
 Oil/Furnaces serviced annually or per manufacturer instructions. Last Date Serviced: _____
 Smoke Detector’s Manufacture Date: _____
 Fire/CO Alarm: Battery Change Dates (required every 6 months):
 (1) _____ (2) _____ (3) _____

 Signature of Home Provider