



## Fire Alarm Activation - Patient Accountability Form

**This form is to be completed by the Unit Manager/Charge Nurse on:  
Infant/Pediatric/ L&D Units in the event of a Fire Alarm Activation. The unit is to be  
surveyed to ensure that all patients are accounted for.**

**This form is to accompany the Fire Alarm Procedure Evaluation Forms (pages 1 & 2).**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Unit: \_\_\_\_\_

Manager/Charge Nurse: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print name)

Form to be faxed to 973-972-1445 (Hospital Support Services), during the shift of the fire alarm activation.