

University Hospital

Fire Alarm Procedure Evaluation Form

PLEASE BE SURE TO COMPLETE TOP PORTION OF FORM

Complete form and fax to 2- 1445 (Hospital Support Services) during the shift of the fire alarm activation.

Floor/ Area Monitored: _____ Date: _____

Evaluator: _____ Time: _____

#	Item	Observation	Yes	No	N/A	Comments	Action Taken
1	Corridors & Elevator Lobbies	Clear of Patients, visitors, volunteers, vendors, & staff					
		Staff directing all persons to return to patient rooms, waiting rooms, etc. until "Code Red All Clear"					
2	Smoke Barrier doors – Automatic closing on Fire Floor, above and below as applicable	Released and closed properly					
3	Doors	Staff closed all doors, smoke, fire, patients, bathrooms, offices, etc.					
4	Fire alarm	Audible/Visual Strobes in all areas are working					
5	PA Announcement	Audible & Clear					
6	Stairwells & Corridors	Unobstructed/Clear of storage					
7	Stairwells & Corridors	Doors closed properly & functional					
8	Lighting	Adequate throughout					
9	Fire alarm pull station	Unobstructed/operable					
10	Fire Extinguishers	Unobstructed/Inspected/Mount					
11	Elevators	NOT in use					
12	Magnetically locked doors	Released and opened					
13	Exit signs	Illuminated/adequate lighting					
14	Evacuation Plan	Current posted in English & Spanish					
15	Identification Badges	Identification visible					
16	Staff Response	Satisfactory/Cooperative					
17	Staff Knowledge of:	Location of nearest Pull Station					
18	Staff Knowledge of:	Egress route					
19	Staff Knowledge of:	Nearest Fire Extinguisher					
20	Staff Knowledge of:	Area of Refuge					
21	Staff Knowledge of:	RACE					
22	Staff Knowledge of:	PASS					

Between the hours of 9 p.m. and 6 a.m. audible devices are not required to be activated during fire drills as not to disturb sleeping patients. Strobes & audible devices will be activated during all fire alarm activations with the exception of fire drills held between these hours.



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

Date: _____

Time: _____

Unit: _____

Manager/Charge Nurse: _____
(Print Name)

Signature: _____

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