

Name of AFH Licensee: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

AFH Address: \_\_\_\_\_



Does the AFH have sprinklers? \_\_\_\_\_ If yes, see OAR 411-050-0735(3)(c) Type of drill: \_\_\_\_\_

Date of last drill conducted during sleeping hours: \_\_\_\_\_ Minimum number staff in AFH: \_\_\_\_\_

Location of simulated fire: \_\_\_\_\_ Exit route: \_\_\_\_\_

Resident's name (last, first)	Resident evacuation times to initial point of safety		
	Individual evacuation time	Substitute required?	Description of assistance needed
All other occupants (children, spouse, etc.)	Individual evacuation time	Substitute required?	Description of assistance needed
Time to initial point of safety (25 feet):		Time to final point of safety (50 feet):	

Caregiver name (last, first)	Staff present during evacuation drill. Note: The number of staff assisting residents during an evacuation drill is the minimum number of staff in the AFH at any time.	
	Used as a substitute for resident?	Role during drill

Staff conducting drill: \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature