Transportation Mobility and Safety Division North Carolina Department off Transportation

Fire Drill Verification Form

As of September 24, 2009, the State Highway Administrator has required all Division of Highways facilities to conduct two fire drills every year. Fire drills do not necessarily need to be coordinated with fire departments or other emergency management officials, and do not necessarily need to have the fire alarms sounded. However, every employee is required to evacuate the facility during these drills and meet at their primary meeting place, and occasionally their secondary meeting place, in order to become familiar with evacuation procedures. Employees may not reenter the facility until an all clear is provided by the individual conducting the drill. Following a drill, this form shall be completed and sent to the individuals listed at the bottom.

| Date of | of Drill: | Time of Drill: | |
|---------|-----------------------------|--|----|
| Locat | ion/Facility: | | |
| Indivi | idual Conducting Drill: _ | | |
| Alarn | n Method Used: | | |
| Were | Local Fire/EMS Officials | s Involved in, or Respond to, the Drill? Yes | No |
| Did al | ll employees present evac | cuate the facility? Yes No | |
| Meeti | ng Place Used: Pri | imary Secondary | |
| Weatl | her Conditions: | | |
| Comn | ments: | | |
| | | | |
| | | | |
| | | | |
| Name | :: | Signature: | |
| Send | completed and signed fo | orm to: Division Safety Coordinator | |
| | Unit Head Direct Supervisor | (if other than Unit Head) | |

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(if other than Division Safety Coordinator)

Unit Safety Coordinator