SCDSS Child Care Licensing
Fire and Health Safety Office
1535 Confederate Ave, Room 311
Columbia, SC 29204

Child Care Fire Drill Report

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1. Facility Name: _____
   Street Address: _____
   City/State/Zip: _____
2. Person conducting drill: _____
3. Date of drill: _____Time: _____
4. Method used to notify occupant of drill: _____
5. Weather Condition: ❒ Sunny ❒ Cloudy ❒ Raining
   ❒ Windy ❒ Calm _____ Temperature
5. Fire Department notified: ❒ Yes ❒ No
   If so, how? ❒ Telephone ❒ Fire Alarm System
6. Staff members on duty: _____
7. Number of occupants evacuated: _____ Students _____ Faculty/Staff
8. All rooms searched to insure evacuation of all: ❒ Yes ❒ No
9. Everyone gathered at designated meeting place: ❒ Yes ❒ No
10. Total time to evacuate: _____Total time for accountability _____
11. Remarks: (special conditions; problems encountered; etc.)

_____
_____
_____
_____
_____

Exit Signs Checked: ❒OK _____ (Number) Emergency Lights Checked: ❒OK _____ (Number)

A record of all fire exit drills shall be kept on the premises. The following minimum information is required per the International Fire Code with SC Modifications 405.5:

- Identity of person conducting drill.
- Date and Time of drill.
- Notification method.
- Staff members on duty and participating.
- Number of occupants evacuated.
- Any special conditions simulated.
- Problems encountered.
- Weather conditions.
- Time required for complete evacuation