



Sandy Springs Fire Rescue

School Fire Exit Drill Report

Name of School: _____

Address: _____

City: Sandy Springs State: Georgia Zip: _____

Phone Number: _____ FAX Number: _____

Date of Drill: ____________ Time of Drill: _____

Total Number of Participants: Students _____ Staff _____

Evacuation Time (including establishing accountability once outside the building): Minutes ___ Seconds: ___

Principal's Name: _____ Principal Signature _____

Weather Conditions when occupants evacuated:

Other Information Relevant to Drill:

PLEASE FAX (770-206-1562) OR MAIL

A COPY OF THIS REPORT TO:

Sandy Springs Fire Rescue
ATTN: Fire Marshal's Office
7840 Roswell Road, Building 500
Sandy Springs, Georgia 30350
770-730-5600