**Fire Drill Documentation Log**

**Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

GH requires that foster homes complete fire drills monthly as a requirement of the State. Record your monthly drill below and submit with your monthly documentation. **Actual physical practice is required and must include all family members.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family Name | | | | Case Manager(s) | | |
| **Month** | **Day** | **Head Count** | **Fire Drill Statement** | | **Problems Noted** | **Foster Parent Signature** |
| **January** |  |  |  | |  |  |
| **February** |  |  |  | |  |  |
| **March** |  |  |  | |  |  |
| **April** |  |  |  | |  |  |
| **May** |  |  |  | |  |  |
| **June** |  |  |  | |  |  |
| **July** |  |  |  | |  |  |
| **August** |  |  |  | |  |  |
| **September** |  |  |  | |  |  |
| **October** |  |  |  | |  |  |
| **November** |  |  |  | |  |  |
| **December** |  |  |  | |  |  |

GH Rep \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_