

## Adult Care Home Evacuation Drill Record

Aging, Disability and Veterans Services Division

**MCAR 023-100-810**: Operators and all providers may be required to demonstrate the ability to evacuate all occupants from the home within three minutes to the initial point of safety outside the home and within an additional two minutes to the final point of safety. Drills shall occur at different times of the day, evening, and night, with exit routes being varied based on the location of a simulated fire. Drills will be held at least once every 60 days in the first year of operation and at least every 90 days thereafter, with at least one drill per year occurring during sleeping hours, except in MHASD homes, which are required to complete drills monthly.

Operator:	License #: Drill Date:			
Sleeping Drill? Yes No	Evacuation Route:			
Location of simulated fire:		Starting point for staff initiating drill:		
Occupants alerted by: smoke detector verbal cue other:				
Initial Point of Safety (location):		Final Point of Safety (location):		
The initial point of safety must be at least 25 feet from home, away from fire area, and not in the back yard of the home unless the back yard has direct access to a public sidewalk or street.		The final point of safety must be at least 50 feet from home, away from fire area, and not in the back yard of the home unless the back yard has direct access to a public sidewalk or street		

Evacuation Drill Start Time:		Time to Initial Point of Safety:		Time to Final Point of Safety:	
Residents Participating:		Type of Assistance: wheelchair, lift)	Starting Point:		Notes:
Other Occupants:	Assistan	ce Needed:	Starting Point:		Notes:
Substitutes Used For:	Name of	Substitute:	Starting Point:		Notes:

Minimum # of Staff Scheduled At Any Time:		# of Staff Participating In This Drill:		
Staff Participating:	Role/Assistance Provided:	Starting Point:	Notes:	

Describe the evacuation process; use details and examples of what happened. Explain what worked well, what did not, and what you can do to make the evacuation process better next time.					

Operator Signature\_\_\_\_\_ ACH License #\_\_\_\_\_ Date: \_\_\_\_\_\_