



MILLIKIN UNIVERSITY®

Office of Inclusion and Student Engagement

FSL Fire Drill Report

1184 West Main Street
Decatur, Illinois 62522

Chapter: _____ Address: _____

Name of Chapter Officer Completing Form: _____ Position Held: _____

Date of Drill: _____

Time: MU Public Safety Notified: _____

Decatur Fire Department Notified: _____

Alarm Sounded: _____

- How many people were in the building at the time of drill? _____
- How much time was required for complete evacuation? _____
- Were all egress routes free of obstructions, with exit doors usable without delays? _____
- Were there any problems relative to this drill? If yes, list. _____

- Has the fire alarm been reset? _____
- Have Public Safety and The Decatur Fire Department been notified of drill completion? _____

Officer	Signature	Date of Signature
President		
Risk Manager		
House Manager		

FOR ISE USE ONLY:

DATE RECEIVED: _____ INITIALS: _____ APPROVED NOT APPROVED

COPIES SENT TO: CHAPTER ADVISOR CHAPTER PRESIDENT PUBLIC SAFETY