

Greek Life Fire Drill Report

Office of Campus Life
354 University Commons
217.424.6395

Chapter Name: _____ Drill Date (mm/dd/yyyy): _____

Form Completed by (name & position in chapter): _____

Address: _____

TIMES	_____ Millikin University Public Safety notified
	_____ Decatur Fire Department notified
	_____ Alarm Sounded

DATA	CRITERIA
#	How many people were in the building at the time of the drill?
Time (hrs/min):	How much time was required for complete evacuation?
YES / NO	Were all egress routes free of obstructions, with exit doors usable without delays?
If not, explain:	
YES / NO	Has the fire alarm been reset?
YES / NO	Have Public Safety and The Decatur Fire Department been notified of drill completion?
If not, explain:	
YES / NO	Were there any problems relative to this drill? If yes, please explain
If YES, explain:	

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OFFICER	SIGNATURE	DATE (mm/dd/yyyy)
Chapter President	(print)	
	(signature)	
Chapter Risk Manager	(print)	
	(signature)	
Chapter Housing Officer	(print)	
	(signature)	
House Director (employee of chapter)	(print)	
	(signature)	

****Reminder: Each chapter is responsible for a total of 4 drills per year (2 per semester), and each drill requires a completed version of this form.**

For Student Affairs Use Only	
Date Received	
Staff Member Reviewing	
Circle one: Approved Not Approved	Action Required, if not approved:
Copies sent to:	<input type="checkbox"/> Chapter Advisor (Campus) <input type="checkbox"/> Chapter President <input type="checkbox"/> Public Safety

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Millikin University

Greek Life

Program Documentation Form

Fraternity/Sorority: _____

Program Officer Name: _____

Phone: _____

Additional Officer: _____

Phone: _____

Name/Title of Event: _____

Date of Event: ____/____/____

Time of Event: Start Time ____ am/pm

End Time ____ am/pm

Event Room: _____

Building: _____

Number of Chapter Members in attendance: _____

Total attendance: _____

Name(s) of speakers (if applicable): _____

Description of Event (you may also attach a typed description on a separate sheet):

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FOR OFFICE USE ONLY:

Date Received: / /

APPROVED

NOT APPROVED

Signature OSP: _____ Date: _____