



4480 General Degaulle Dr. Ste. 208 New Orleans, LA 70131 Office: (504) 354-8111 Fax: (504) 354-8017

At Home Care

MONTHLY FIRE DRILL

Must be performed every 3rd Friday of each Month

Consumer Name: _____ Date: _____

State to the consumer that there is a fire in a designated area of the home, e.g.: Kitchen, bedroom, living room...

- 1. Fire Drill Start Time: _____ Fire Drill End Time: _____
2. Was the consumer a willing participant? Yes No If "no" briefly explain:

3. Number of participants involved in the fire drill (including yourself): _____

Please List Names: _____

List any challenges or areas of difficulties during the drill (include a brief description of the startup fire drill):

DSW Staff Printed Name: _____

DSW Signature: _____ Date: _____

Consumer Signature: _____ Date: _____

SIGNATURE OF FAMILY MEMBERS PRESENT:

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

OFFICE USE ONLY

Recommendations:

Reviewed By: _____/Title: _____ Date: _____

Consumer Name: _____ Phone #: (_____) _____ - _____