CENTER FIRE AND TORNADO DRILL RECORD

Michigan Department of Human Services
Bureau of Children and Adult Licensing

Name of Provider/Facility: _____

License Number: _____ Licensing Year: _____

Type of Drill	Date (MM/DD/YR)	Time of Day (HH:MM)	Evacuation Time (Min/Sec)	Conducted By (Staff Name)
Required Fire Drills				
Three Month Period: _____				
Three Month Period: _____				
Three Month Period: _____				
Three Month Period: _____				
Additional Fire Drills				
Required Tornado Drills				
April – October #1:				
April – October #2:				
Additional Tornado Drills				
Other Drills (Crisis Management/Disasters)				

Notes

Refer to R 400.8161 for more information on drill and documentation requirements.

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