



Guthrie Mainstream Services
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Residential Fire Drill Checklist

*Required twice per year

Date: _____ ADH: ____ CDH: ____ Certified Home: ____

Time: _____ Location of Simulated Fire: _____

Name of Licensee/Home Owner: _____

Number of members present: _____

Number of non-ambulatory members: _____

Total evacuation time: _____ (minutes and seconds) (Goal is 3 mi.)

Weather conditions: _____

Problem areas/hazards: _____

Smoke detectors: Number in operation: _____ Tested: Yes No

Fire extinguishers: Number in operation: _____ Fully charged: Yes No

Comments: _____

Licensee/Home Owner Signature: _____ Date: _____

Supervisor/Licensing Worker Signature: _____ Date: _____