OSHKOSH FIRE DEPARTMENT
FIRE DRILL REPORT FORM

School Name_____

Street Address_____

DATE	TIME OF DRILL	# OF STUDENTS	#OF ADULTS	EVACUATION TIME	FIRE DEPT PRESENT?	REMARKS

Principal's Signature _____

Date _____

Fire Dept Official's Signature _____

Date _____

Fire Dept Official's Signature _____

Date _____

Please return completed form to:
Oshkosh Fire Department
Fire Prevention
101 Court Street
Oshkosh, WI 54901