

# HOME 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)
<b>Required Fire Drills</b>				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
<b>Required Tornado Drills</b>				
April				
May				
June				
July				
August				
September				
October				

Notes

Refer to R 400.1945 for more information on drill and documentation requirements.

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