Grambling State University

Department of Safety and Risk Management

FIRE DRILL REPORT

Date: _____ **Time Started:_____**

Building: _____ **Time Ended: _____**

Building Coordinator: _____

Safety Director: _____

Facilities Director: _____

Number of Occupants: _____ **Number of Participants: _____**

Evacuation Location: _____

Comments:_____

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PRINT

GSU Box 4217 One Facilities Drive Grambling, LA 71245
Office: (318) 274-2174
www.gram.edu
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