

SECTION/DEPARTMENT R.A.C.E./FIRE EMERGENCY RESPONSE AFTER ACTION REPORT

(For use of this form, see MEDDAC (Fort Meade) Regulation 420-2.)

Date: _____ Section/Department: _____

TO: MEDDAC Safety Manager

The following information is submitted in accordance with MEDDAC Regulation 420-2, para 4-12, regarding the R.A.C.E./Fire Emergency Response conducted on _____.

- a. Time of R.A.C.E./Fire Emergency Response: _____.
- b. Did the fire alarm sound? Yes No
- c. Did staff implement the R.A.C.E. procedure? Yes No
 - R - Were patients/staff removed from danger? Yes No N/A
 - A - Was the alarm activated? Yes No N/A If "Yes," was it--
 - Called to Fire Department? Yes No
 - Called to Information Desk? Yes No
 - C - Were all doors closed. Yes No N/A
 - E - Did all staff and customers evacuate? Yes No
 - Was the number of staff and customers not evacuated called in to the Information Desk? Yes No N/A
- d. Were enough litters available in stairwells to evacuate non-ambulatory customers? Yes No N/A
- e. Did staff/customers respond with a sense of urgency? Yes No
- f. Did any personnel gather within 50 feet of the building? Yes No
- g. Did personnel re-enter the building prior to the "all clear" signal? Yes No
- h. Did personnel receive any fire safety instruction during this reporting period? Yes No
- i. Brief summary of procedures followed during this R.A.C.E./Fire Emergency Response:
 - (1) Problems identified (explain): _____

 - (2) Corrective action(s) taken/referred to MEDDAC Safety Manager: _____

- j. Fire Marshal representative:
 - (1) Name: _____.
 - (2) Duty Phone: 677-_____.

Note: If problems are identified, after action reports are due into the MEDDAC Safety Office within 24 hours of the R.A.C.E./Fire Emergency Response. If no problems occur during R.A.C.E., file in the department/section.