

MINNESOTA PRAIRIE COUNTY ALLIANCE MONTHLY FIRE AND STORM DRILL LOG

Child Care Providers Name: _____
 Address: _____

Phone: _____

A FLASHLIGHT AND PORTABLE RADIO OR TV
 MUST BE AVAILABLE FOR EMERGENCIES

YEAR: _____

MONTH	FIRE	DATE/TIME	TORNADO	DATE/TIME	
JANUARY					Meeting Place During Fire Drill: _____ _____ I agree to notify Minnesota Prairie County Alliance within 48 hours of the occurrence of a fire which requires the service of a fire department. Signature of Day Care Provider: _____ _____ Date Signed: _____ _____
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					