

Emergency Requirements

The provider shall have a log of quarterly fire drills on file in the residence.

Provider name:

House phone number:

Emergency substitute caregiver:

Phone number:

Fire extinguishers serviced by a qualified technician annually. Program caregivers should verify that each fire extinguisher is in its designated place (according to the escape plan) and does not have any obvious signs of damage.

Emergencies [Chapter 9555.6225, Subp. 5.](#)

The operator shall be prepared for emergencies and ensure that:

- A non-coin operated telephone and an operable flashlight are located within the residence
- Phone numbers of each resident's representative, physician, and dentist are readily available
- Phone numbers of the local fire department, police department, and an emergency transportation service are posted by the telephone
- Prior arrangements are made for a substitute caregiver who meets the qualifications in part 9555.6125, subpart 4, to provide care during emergencies
- Each resident is informed of a designated area within the residence where the resident shall go for cover during severe storms or tornadoes
- Fire drills are conducted at least once every three months
- A written fire escape plan and a log of quarterly fire drills are on file in the residence
- The fire escape plan is approved by the fire marshal and specifies emergency phone numbers, a place to meet outdoors for roll call, smoke detector and fire extinguisher locations, plans for quarterly fire and tornado drill sessions, and escape routes to the outside from the levels used by residents. In buildings with three or more dwelling units, enclosed exit stairs must be indicated. There must be an emergency escape plan for each resident.

A portable radio/TV that does not require electricity must be available if a power failure occurs

245D licensed programs can find out additional requirements for emergencies by viewing [245D.22 Subd. 5 - 7](#)

Fire Drill Log (drills must be completed at minimum once every 90 days)

Provider Name:

Year(s):

Month/Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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