

Self-preservation Test

Name of Individual: _____ Date: _____

Residence: _____ Test Type: _____ initial ___ re-test ___

1. If the individual is unable to respond verbally due to developmental level use the following as a means of measurement.

- ___ Verbal prompts needed to respond to the sound of an alarm.
- ___ Verbal prompts needed to follow a prescribed evacuation plan.
- ___ Physical prompts needed to provide direction and orientation.
- ___ Physical prompts required to increase speed of movement.
- ___ No verbal or physical prompts necessary, individual exits independently upon alarm.

2. If the individual is verbally and physically capable the following questions are to be asked.

Name some ways you can tell when there is a fire:

(Note: To answer this question satisfactorily, three of the following indicators must be mentioned)

1. Seeing smoke
2. Smelling smoke
3. Seeing flames
4. Feeling heat
5. Hearing an alarm
6. Hearing some one yell "fire!"

3. What would you do if the house you were in was on fire? _____

(Satisfactory answer must include first leaving the house and than calling the fire department)

4. This question is to be asked in the designated living unit.

A. "Please leave this house by the most direct exit".

Time Taken: _____ Satisfactory [] Unsatisfactory []
(not to exceed 2 and 1/2 minutes)

Self-preservation Test

B. "The most direct exit is blocked; please leave the house".

(Note: Individual must be able to leave the living unit from the sleeping quarters by an alternative route or egress while the main route is temporarily blocked in no more than 2 and 1/2 minutes.)

Time Taken: _____ Satisfactory [] Unsatisfactory []

To be capable of self-preservation there must be **no** unsatisfactory scores.

CERTIFICATION

This individual has been able to respond to an alarm, exit the building and move to a fire safe area within 2 and 1/2 minutes. I have also reviewed this individuals records and developmental history. Given the above factors, it is my professional opinion that _____(individual's name) is likely to exhibit the appropriate behaviors in taking action to self-preserve in the event of a fire emergency.

(Signature) (Title) (Date)

If deemed appropriate, a re-test must be scheduled, not within 4 hours of initial test, but not exceeding 48 hours of test. Enter date of re-test _____

Given consideration of all factors, it is my professional opinion that the below named individual residing at _____(address of living unit) does not have the necessary skills to self-preserve in the event of a fire emergency due to the following factors:

(Name of individual)

I have taken the responsibility to develop a self-preservation plan, which specifies who is responsible for the individual in the event of a fire emergency.