



## POST DRILL/TEST OF EMERGENCY PROCEDURES

<b>TYPE OF DRILL/TEST OF EMERGENCY PROCEDURES:</b> <input type="checkbox"/> fire <input type="checkbox"/> tornado <input type="checkbox"/> bomb threat <input type="checkbox"/> power failure <input type="checkbox"/> intruder alert <input type="checkbox"/> earthquake <input type="checkbox"/> chemical breach <input type="checkbox"/> gas leak <input type="checkbox"/> vehicle <input type="checkbox"/> other _____	<b>PROGRAM SITE:</b> _____ <b>DATE COMPLETED:</b> _____ <b>TIME:</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>List individuals, if Residential site:</b> _____ _____ _____ _____ _____ _____
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TIME TO EVACUATE _____minutes _____seconds (fire, gas leak, chemical breach)  TIME TO ASSIGNED AREA _____minutes _____seconds (tornado, earthquake, bomb threat, intruder)  All individuals accounted for: <input type="checkbox"/> Yes <input type="checkbox"/> No                      All staff accounted for: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Alternate Route Verbalized</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Extinguisher Inspected</b> (RHS & GH fire drill only)  <input type="checkbox"/> Yes <input type="checkbox"/> No
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Was drill  **announced** or  **unannounced**    Was the drill  **successful** or  **unsuccessful**  
 Which Pull Station activated: \_\_\_\_\_ or  N/A  
 How was drill initiated? Alarm, Verbal, Outside Alarm, Bell, Other \_\_\_\_\_

<b><u>GROUP HOMES FIRE DRILL ONLY</u></b>	
Time called to disconnect _____AM/PM	Operator Number _____
Time called to reconnect _____AM/PM	Operator Number _____
(Ask Operator) Was signal received? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### POST DRILL/TEST OF EMERGENCY PROCEDURES REVIEW

Were Policies and Procedures followed?    Yes    No  
 Any Revisions needed at this time?        Yes    No

Were there any problems during the drill/test of Emergency Procedures?  Yes    No  
 List problems, necessary revisions and suggestions for improvement.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Weather Conditions:**  
 \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed By: _____	Date: _____
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*Please sign where applicable.*

**DRILLS ARE TO BE CONDUCTED ACCORDING TO EACH DEPARTMENT'S ANNUAL SCHEDULE OF DRILLS.**