



POST DRILL/TEST OF EMERGENCY PROCEDURES

TYPE OF DRILL/TEST OF EMERGENCY PROCEDURES: <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 _____	PROGRAM SITE: _____ DATE COMPLETED: _____ TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	List individuals, if Residential site: _____ _____ _____ _____ _____ _____
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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	Alternate Route Verbalized <input type="checkbox"/> Yes <input type="checkbox"/> No Extinguisher Inspected (RHS 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**
 How was drill initiated? Alarm Verbal Outside Alarm Bell Other _____

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.