

## Emergency Drill Report Office \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Drill Level: 1    2    3    Staff Conducting Drill: \_\_\_\_\_  
(circle one)

Type of Drill: Fire    Weather/Natural Disaster    Other (indicate type): \_\_\_\_\_  
(circle one)

Time Alarm (drill) Was Sounded: \_\_\_\_\_

Time Evacuation or Emergency Procedure Completed: \_\_\_\_\_

Emergency Equipment Checked By: \_\_\_\_\_

All Offenders/Residents Accounted For As Verified By Count Sheets: \_\_\_\_Yes \_\_\_\_No

Time: \_\_\_\_\_

Staff Accounted For As Verified By Record Of Events: \_\_\_\_Yes \_\_\_\_No Time: \_\_\_\_\_

Comments: (Include summary of drill and to what extent emergency preparedness was indicated, e.g., called local law enforcement and other agencies to test phone numbers, called administrator, role plays, etc.) \_\_\_\_\_

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

Staff Conducting Drill - sign and date:

\_\_\_\_\_

Safety Consultant/Designee – sign and date:

\_\_\_\_\_

Assistant Regional Supervisor/Facility Head - review and date:

\_\_\_\_\_

**Fire drills will be conducted once each quarter per shift, include administration in one quarterly drill. Weather/natural disaster drills must be conducted one time each quarter and will not be in lieu of a fire drill.**