

# Emergency Drill Reporting Form

<b>Person Completing Form and Title:</b> <span style="font-size: 1.2em; font-family: cursive;">Mary Evans Admin Asst</span>	<b>Date:</b> <span style="font-size: 1.2em; font-family: cursive;">9/22/20</span>
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Attach to this form a list of all staff who participated in the drill, and any visitors participating.

<b>Time Alarm Sounded:</b>	<b>Time Drill Concluded:</b>	<b>Time to Evacuate:</b> (fire evacuation drills only)
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<b>Type of Drill:</b> <input checked="" type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Lahar <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<b>Notification / Alert Method:</b> <input type="checkbox"/> Bell or Buzzer <input checked="" type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other: _____	<b>Weather Conditions:</b> <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail
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<b>Participants:</b> (check all that apply) <input checked="" type="checkbox"/> Senior Management <input type="checkbox"/> Safety Personnel <input checked="" type="checkbox"/> Employees/Staff <input type="checkbox"/> Security Officers <input checked="" type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other _____	<b>Situation at Start of Drill:</b> <input type="checkbox"/> Before Business Hours <input checked="" type="checkbox"/> During Business Hours <input type="checkbox"/> Peak Business Hours <input type="checkbox"/> Lunch Time <input type="checkbox"/> After Business Hours <input type="checkbox"/> Other: _____	
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<b>Management previously trained on emergency procedures this year?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Employees previously trained on emergency procedures this year?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>Incident Command System Used?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Incident Commander:</b>	<b>Operations Chief:</b>
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# Emergency Drill Reporting Form (Cont'd)

<b>Problems Encountered:</b> (Check all that apply)	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Congestion in hallways</li> <li><input type="checkbox"/> Alarm not heard</li> <li><input type="checkbox"/> Employees unsure of what to do / proper</li> <li><input type="checkbox"/> Staff unsure of responsibilities / response</li> <li><input type="checkbox"/> Weather-related problems</li> <li><input type="checkbox"/> Unable to lock doors</li> <li><input type="checkbox"/> Windows not covered</li> <li><input type="checkbox"/> Windows left open</li> <li><input type="checkbox"/> Doors left open</li> <li><input type="checkbox"/> Lights left on</li> <li><input type="checkbox"/> Personnel not accounted for / attendance</li> <li><input type="checkbox"/> Difficulties with evacuation of disabled personnel, customers or visitors</li> <li><input type="checkbox"/> Personnel unaccounted for (note # below)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Radio communication problems</li> <li><input type="checkbox"/> Network / computer problems</li> <li><input type="checkbox"/> Noise impedes communications</li> <li><input type="checkbox"/> Personnel not out of sight (lockdown drill)</li> <li><input type="checkbox"/> Long time to evacuate building</li> <li><input type="checkbox"/> Personnel not serious about drill</li> <li><input type="checkbox"/> Improper or unavailable supplies (SiP)</li> <li><input type="checkbox"/> Confusion</li> <li><input type="checkbox"/> Doors or Exits blocked</li> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Interagency miscommunications</li> <li><input type="checkbox"/> Incident command problems</li> <li><input checked="" type="checkbox"/> Other: <u>None</u></li> </ul>

**Extenuating Circumstances / Identified Factors / Special Conditions Simulated:**

<b>Mitigation / Plans for Improvement:</b> (check all that apply and explain below)	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Additional management training</li> <li><input type="checkbox"/> Additional staff training</li> <li><input type="checkbox"/> Address need for additional equipment</li> <li><input type="checkbox"/> Improved emergency supplies</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cooperative planning with responders</li> <li><input type="checkbox"/> Revised emergency procedures</li> <li><input type="checkbox"/> Other:</li> </ul>

**Explain corrective efforts here:**