

Emergency Drill Report District _____

Date: _____ Location: _____

Drill Level: I II III 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 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 deputy director, role plays, etc.) _____

District Supervisor review and date: _____

Division Manager/Administrator review and date: _____

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