

EMERGENCY EVACUATION DRILL

Facility: _____ Location: _____

** (includes any holding cells/areas, if applicable)

Type of Drill: _____ Fire _____ Weather _____ Other _____

Date of Drill: _____ Time: _____ Shift: _____

Staff Members on Duty:

_____	_____
_____	_____
_____	_____
_____	_____

Alarm was sounded at (time): _____ By: _____

Evacuation completed at (time): _____

Inspection of building conducted by (staff member): _____

All inmates accounted for _____ Yes _____ No

Inmate Count: _____

All staff accounted for _____ Yes _____ No

Area Supervisor

Safety Consultant