

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.