

APPENDIX 10: *EMERGENCY DRILL FORM*

Emergency Drill Form

Date: _____ Location/Program: _____

Drill Conducted by: _____ Length of time to complete drill: _____

Type of Exercise: Actual Simulated Table Top

Type of Unannounced Emergency Drill:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Fire | <input type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Utility failure |
| <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Violent or other threatening situation |

Scenario:

Steps Taken During the Drill:

Observations / Concerns:

ACTION PLAN

List the actions to be improved on.

actions for improvement (Procedure/policy revision, staff training etc.)	person(s) responsible	timeline for completion	Results

Forward this document to the Administrative Assistant within 24 hours of drill.