

Facility Drill Self-Evaluation Report

Attach to this form a list of all staff who participated in the drill, and any visitors participating.

Observer Name:	Email:	Phone:
Date/Time Alarm Sounded:	Date/Time Drill Concluded:	Time to Evacuate Building <i>(fire evacuation drills only)</i>
Type of Drill: <input type="checkbox"/> Fire/ Evacuation <input type="checkbox"/> Shelter-in-Place <input type="checkbox"/> Suspicious Item <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Earthquake <input type="checkbox"/> Tsunami <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	Notification / Alert Method: <input type="checkbox"/> Bell or Buzzer <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren	Weather Conditions: <input type="checkbox"/> Temp. < 90 Deg F. <input type="checkbox"/> Temp. > 50 Deg F. <input 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
Participants (Check all that apply) <input type="checkbox"/> Senior Management <input type="checkbox"/> Safety Personnel <input type="checkbox"/> Employees/Staff <input type="checkbox"/> Security Officers <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt <input type="checkbox"/> Other: _____	Situation at Start of Drill: <input type="checkbox"/> Before business hours <input type="checkbox"/> During business hours <input type="checkbox"/> Peak business hours <input type="checkbox"/> Lunch time <input type="checkbox"/> Other: _____	Management previously trained on emergency procedures this fiscal Year? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Employees previously trained on emergency procedures this fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Was the Employee Preparedness Plan used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Threat Coordinator Name and Facility Location: : 		Area Warden(s)