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** *(fire evacuation drills only)*
Type of Drill: ☐ Fire/ Evacuation ☐ Shelter-in-Place ☐ Suspicious Item ☐ Bomb Threat ☐ Earthquake ☐ Tsunami ☐ Medical Emergency ☐ Weather Emergency ☐ Other: _____	**Notification / Alert Method:** ☐ Bell or Buzzer ☐ Enhanced Alert System ☐ Intercom ☐ Phone ☐ Voice Notification ☐ Siren	**Weather Conditions:** ☐ Temp. < 90 Deg F. ☐ Temp. > 50 Deg F. ☐ Clear ☐ Cloudy ☐ Raining ☐ Rain and wind ☐ Windy ☐ Snow/Sleet ☐ Hail
Participants (Check all that apply) ☐ Senior Management ☐ Safety Personnel ☐ Employees/Staff ☐ Security Officers ☐ Fire Department ☐ Emergency Medical Services ☐ County Emergency Mgmt ☐ Other: _____	**Situation at Start of Drill:** ☐ Before business hours ☐ During business hours ☐ Peak business hours ☐ Lunch time ☐ Other: _____	**Management previously trained on emergency procedures this fiscal Year?** ☐ Yes ☐ No **Employees previously trained on emergency procedures this fiscal year?** ☐ Yes ☐ No **Was the Employee Preparedness Plan used?** ☐ Yes ☐ No

Facility Threat Coordinator Name and Facility Location: :	Area Warden(s)