

Form Number LLCF-019	Issue Date 09/05/07	Revision Date 01/01/24	Form Number LLCF-019
	Emergency Drill		

Person Completing Form and Title:		Date:	
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Attach to this form a list of all staff who participated in the drill, and any visitors participating.

Time Alarm Sounded:	Time Drill Concluded:	Time to Evacuate: (fire evacuation drills only)
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Type of Drill:	Notification / Alert Method:	Weather Conditions:
<input type="checkbox"/> Fire / Evacuation <input type="checkbox"/> Lockdown <input type="checkbox"/> Shelter-in-Place <input type="checkbox"/> Earthquake <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<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 <input type="checkbox"/> Other: _____	<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)	Situation at Start of Drill:	
<input type="checkbox"/> Senior Management <input type="checkbox"/> Safety Personnel <input type="checkbox"/> Employees/Staff <input type="checkbox"/> Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other _____	<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"/> After Business Hours <input type="checkbox"/> Other: _____ _____	

Management previously trained on emergency procedures this year?	Employees previously trained on emergency procedures this year?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Incident Command System Used?	Incident Commander:	Operations Chief:
<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Problems Encountered: (Check all that apply)	
<input type="checkbox"/> Congestion in hallways <input type="checkbox"/> Alarm not heard <input type="checkbox"/> Employees unsure of what to do / proper <input type="checkbox"/> Staff unsure of responsibilities / response <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Unable to lock doors <input type="checkbox"/> Windows not covered <input type="checkbox"/> Windows left open <input type="checkbox"/> Doors left open <input type="checkbox"/> Lights left on <input type="checkbox"/> Personnel not accounted for / attendance <input type="checkbox"/> Difficulties with evacuation of disabled personnel, customers or visitors <input type="checkbox"/> Personnel unaccounted for (note # below)	<input type="checkbox"/> Radio communication problems <input type="checkbox"/> Network / computer problems <input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Personnel not out of sight (lockdown drill) <input type="checkbox"/> Long time to evacuate building <input type="checkbox"/> Personnel not serious about drill <input type="checkbox"/> Improper or unavailable supplies <input type="checkbox"/> Confusion <input type="checkbox"/> Doors or Exits blocked <input type="checkbox"/> Transportation <input type="checkbox"/> Interagency miscommunications <input type="checkbox"/> Incident command problems <input type="checkbox"/> Other: _____ _____

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<input type="checkbox"/> Additional management training <input type="checkbox"/> Additional staff training <input type="checkbox"/> Address need for additional equipment <input type="checkbox"/> Improved emergency supplies	<input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Other:

Explain corrective efforts here:

Signature of Person Completing Document:		Date:	
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