

EMERGENCY DRILL EVALUATION REPORT

Type of Emergency Drill: _____ Room Observed: _____

Date: _____ Day of Week: _____ Time: _____

Number of staff: _____ Number of children: _____

- | | |
|---|-----------------------------------|
| 1. What was done first? | Was this an appropriate response? |
| # ___ Evacuated immediately? | ___ yes ___ no |
| # ___ Duck and cover? | ___ yes ___ no |
| # ___ Waited for instructions? | ___ yes ___ no |
| 2. Did everyone respond to the evacuation signal? | ___ yes ___ no |
| 3. Were children following directions? | ___ yes ___ no |
| 4. Does everyone know skills required for correct action? | ___ yes ___ no |
| 5. Did everyone know who was in charge? | ___ yes ___ no |
| 6. Which skills did the children or staff demonstrate? (May add comments) | |
| <input type="checkbox"/> duck and cover _____ | |
| <input type="checkbox"/> stop drop and roll _____ | |
| <input type="checkbox"/> crawling out of smoke _____ | |
| <input type="checkbox"/> evacuation siren / fire alarm _____ | |
| <input type="checkbox"/> attendance sheets _____ | |
| <input type="checkbox"/> took all required items for evacuation _____ | |
| <input type="checkbox"/> correct evacuation route _____ | |
| <input type="checkbox"/> command post _____ | |
| <input type="checkbox"/> utility shut-off _____ | |
| <input type="checkbox"/> first aid _____ | |
| <input type="checkbox"/> name tags _____ | |

disaster kit _____

Evacuation time lapse: _____

Additional Comments:

Name & Signature: _____