

Emergency Drill Evaluation

Digital Safety Evaluation Form Series - DRILL-01

Company:

Date:

Address:

Suite:

City:

State:

Drill Location:

Zip:

Check One: Facility wide Building/Area:

Drill Type:

Drill date: Start Date: End Date:

General:

Public emergency responders notified of drill	Disabled employee needs are addressed
Emergency plan followed	Employee complaints/suggestions gathered/addressed
Evacuation/exit routes clear/markd	

Alarm function:

Heard in all areas	Operational (no time delays, stay on for necessary time, etc.)
Distinctive	

Evacuation:

Orderly	Alternate routes identified/used
Prompt	Emergency exits unlocked/accessible
Complete (all areas checked)	Traffic flow adequate
Proper routes used	

Headcount Procedures:

Supervisor/managers fulfill assigned duties	Headcount conducted in timely manner
Everyone in proper locations	Employees remain in location until all clear announced
Visitors accounted for	Traffic flow adequate
Employees not at headcount accounted for	

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Emergency Response Team:

Communcation adequate

Areas/equipment checked per plan

Response time adequate

Drill assessed

Roles/responsibilities fulfilled

Training:

All employees knew roles/responsibilities

Visitors escorted by employees

Shutdown duties carried out

Summary of Emergency Drill Evaluation

Type of Drill:

Date

Auth. Inspector:

I.D.#:

Department

Title

Record any recommendations or items that need attention here:

Improvements or inadequacies are to be addressed by this calendar date:

Routed to:

Dept.

Date:

Improvements/inadequacies were made/corrected.

On:

Authorized Signature:

Dept./Company

Date

Note: You may need to save this interactive form to your device first for "PRINT" to work. Unsaved Forms will not retain data.