

VIRGINIA DEPARTMENT OF SOCIAL SERVICES-DIVISION OF LICENSING PROGRAMS
MODEL FORMAT DEVELOPED FOR CHILDREN'S RESIDENTIAL FACILITIES

MONTHLY EVACUATION DRILL

Name of facility: _____

Building(s) in which drill conducted: _____

Date of drill: _____ Time of drill: _____ a.m. _____ p. m.

Amount of time to evacuate the building: _____

Specific problems encountered: _____

TASKS COMPLETED

___ yes	Sounding of emergency alarm(s)
___ yes	Practice in evacuating the building(s)
___ yes	Practice in alerting emergency authorities
___ yes	Simulated use of emergency equipment
___ yes	Practice in securing resident emergency information
___ yes	Head count: *Specify number of persons participating in the drill _____

Name(s) of the staff members responsible for conducting and documenting the drill and preparing the record: _____

Note: This document must be retained for 3 years after the date of the drill.