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.