Emergency Drill Report
Office _____

Date: _____________________________ Location: ________________________________

Drill Level: 1 2 3 Staff Conducting Drill: _________________________________
(circle one)

Type of Drill: Fire Weather/Natural Disaster Other (indicate type): ________________
(circle one)

Time Alarm (drill) Was Sounded: ______________

Time Evacuation or Emergency Procedure Completed: _______________________________

Emergency Equipment Checked By: ______________________________________________

All Offenders/Residents Accounted For As Verified By Count Sheets: Yes No

Time: __________

Staff Accounted For As Verified By Record Of Events: Yes No Time: __________

Comments: (Include summary of drill and to what extent emergency preparedness was indicated,
e.g., called local law enforcement and other agencies to test phone numbers, called administrator,
role plays, etc.) ______________________________________________________________
________________________________________________________________________
________________________________________________________________________

Staff Conducting Drill - sign and date:

________________________________________________________________________

Safety Consultant/Designee – sign and date:

________________________________________________________________________

Assistant Regional Supervisor/Facility Head - review and date:

________________________________________________________________________

Fire drills will be conducted once each quarter per shift, include administration in one
quarterly drill. Weather/natural disaster drills must be conducted one time each quarter
and will not be in lieu of a fire drill.

(R 04/22)