

EMERGENCY DRILL EVALUATION FORM

☐ Parish ☐ MARQ ☐ ECDC

TYPE OF DRILL: _____

DATE OF DRILL: _____

TIME OF DRILL: Start: _____ **End:** _____

LOCATION OF DRILL (check one):

☐ Facility wide ☐ Building/area _____

GENERAL

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

ALARM FUNCTION

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

EVACUATION

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

HEADCOUNT PROCEDURES

- ☐ Supervisor/managers fulfill assigned duties
- ☐ Everyone in proper locations
- ☐ Visitors accounted for
- ☐ Employees not at headcount accounted for
- ☐ Headcount conducted in timely manner
- ☐ Employees remained in location until all clear announced
- ☐ Headcount documented

EMERGENCY RESPONSE TEAM

- ☐ Communication adequate
- ☐ Response time adequate
- ☐ Roles/responsibilities fulfilled
- ☐ Areas/equipment checked per plan
- ☐ Drill assessed

TRAINING

- ☐ All employees knew roles/responsibilities
- ☐ Shutdown duties carried out
- ☐ Visitors escorted by employees

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DATE OF DRILL: _____

Improvement/Changes recommended:

Improvement must be completed by (date) _____

Routed to: _____ **Date:** _____

Corrections from above have been done.

Manager/supervisor: _____ **Date:** _____