



Emergency Drill Report Waiver Program

Client Name: _____

Client Address: _____

Name of Staff: _____

Date of Drill: _____ **Weather Conditions:** _____

Time Drill Initiated: ____:____ a.m. p.m. Time "All Clear" given: ____:____ a.m. p.m.

Time client & staff safely arrived at designated area ____:____ a.m. p.m.

Total elapsed time of: ____ hours ____ minutes

Was client asleep? Yes No

Type of Drill Evacuation Drill Full-Scale Exercise

Drill Classification

Monthly: Fire –Where was designated fire located: _____

Monthly: Tornado/Natural Disaster

Quarterly: Bomb Threat of Violence Earthquake Utility Outage Medical Emergency

Was this an actual emergency? Yes No

Was alarm company notified: Yes No

Location of designated gathering area: _____

Did staff and consumer gather at designated location: Yes No If no...

Name of client who refused to gather at designated area? _____

Name of staff who refused to gather at designated area? _____

Who did you contact regarding missing individuals and when? _____

Were GER's completed for client refusing? Yes No

If no, what was the reason for not doing GERs?

Emergency Notebook Inventory Did staff use Emergency Information Notebook? Yes No

Phone Numbers for: Police, Fire Dept., All Utilities (Electric, Gas, Water, Phone Co.) Hospitals and ERC Facility and Administrative Phone Numbers. Is any information missing? If so, what? Please circle above or write in.

Copy of Facility Map What exit(s) were used: _____

Describe any challenges or barriers that occurred:

Use additional pages if needed

Recommendations for improvement

Use additional pages if needed

Date improvements were implemented? ____/____/20__

SIGN OFF

Name of person completing this form (Print): _____

Signature of person completing form Date: _____, 20__
Month & Day

Program Director name (Print): _____

Signature of Program Director Date: _____, 20__
Month & Day