

## Emergency Practice Drill Evaluation Tool

Facility/Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Drill: \_\_\_\_\_ Time of Drill: \_\_\_\_\_ Type of Drill: \_\_\_\_\_

Name of Persons Evaluating Drill: \_\_\_\_\_

<b><i>Drill Objectives</i></b>	
<b><i>What Went Well?</i></b>	
<b><i>What Did Not Go Well?</i></b>	
<b><i>Lessons Learned and Recommended Changes to the Emergency Plan</i></b>	

Date Emergency Plan Changes Completed: \_\_\_\_\_

Signature of Owner/Director: \_\_\_\_\_