

Record of Emergency Practice Drills

Facility/Program Name: _____ Year: _____

Address: _____ Owner/Director Signature: _____

Fire Drills (required)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Date Held & Initials												
Start Time												
Time Needed to Evacuate Bldg.												
Alarm Signal Used (Y/N)												
Roll Call Completed After Evacuation												
Drill Evaluation Completed/Filed												

Tornado Drills (required)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Date Held & Initials												
Start Time												
Time Needed to Evacuate												
Alarm Signal Used (Y/N)												
Roll Call Completed in Shelter												
Drill Evaluation Completed/Filed												

Other Optional Drills (Rotate practicing evacuation, lock-down, shelter-in-place, etc.)												
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Date Held & Initials												
Start Time												
Type of Drill (See types below)												
Time Needed to Evacuate												
Alarm Signal Used												
Roll Call Completed in Shelter												
Drill Evaluation Completed/Filed												

Type of Drill: 1) Shelter-in-place 2) Lock-down 3) Evacuation 4) Reverse Evacuation