

Emergency Practice Drill Evaluation Tool

Facility/Program Name: _____

Address: _____

Date of Drill: _____ Time of Drill: _____ Type of Drill: _____

Name of Persons Evaluating Drill: _____

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

Date Emergency Plan Changes Completed: _____

Signature of Owner/Director: _____