

EMERGENCY PRACTICE DRILL EVALUATION TOOL

FACILITY/PROGRAM NAME: _____

ADDRESS: _____

DATE OF DRILL: _____ **TIME OF DRILL:** _____ **TYPE OF DRILL:** _____

NAME OF PERSON(S) EVALUATING DRILL: _____

DRILL OBJECTIVES	
WHAT WENT WELL?	
WHAT DID NOT GO WELL?	
LESSONS LEARNED AND RECOMMENDED CHANGES TO THE EMERGENCY PLAN	

DATE EMERGENCY PLAN CHANGES COMPLETED: _____

SIGNATURE OF OWNER/DIRECTOR: _____