

Emergency Drill Record

Drill Details

Drill Type*: _____ > Options: Fire Drill, Evacuation Drill, Medical Emergency Drill, Chemical Spill Drill, Severe Weather Drill, Other

Date of Drill*: _____

Start Time: _____

Location*: _____

Coordinator Name*: _____

Coordinator Contact Number: _____

Objectives: _____

Scenario Description: _____

Number of Participants: _____

Participant List

Name	Department	Role

Options for 'Role': Employee, Visitor, Contractor, Other

Evaluation & Actions

Evacuation Time (minutes): _____

Issues Identified: _____

Any Injuries Occurred?

Injury Details: (Fill only if applicable)

Corrective Actions Required?

Corrective Action Details: (Fill only if applicable)