

Emergency Drill Record Form

Name of School	
Date of Exercise	
Type of Exercise (check box)	<input type="checkbox"/> Fire Drill <input type="checkbox"/> Tornado Drill <input type="checkbox"/> Earthquake Drill <input type="checkbox"/> Intruder Drill <input type="checkbox"/> Other Drill (specify type) _____ <input type="checkbox"/> Tabletop Exercise of _____
Time Exercise Initiated	
Time 100% Accountability Achieved	
Special challenges presented (i.e. route blocked, etc.)	
Emergency response teams activated (check boxes)	<input type="checkbox"/> Command Post <input type="checkbox"/> Family Reunification Team <input type="checkbox"/> First Aid Team <input type="checkbox"/> HAZMAT Team <input type="checkbox"/> Mental Health Team <input type="checkbox"/> Search & Rescue Team <input type="checkbox"/> Security Team <input type="checkbox"/> Utility Team
Lessons Learned	
Record submitted by	