

Bi-Yearly Tornado Drill (October and March)

Person conducting drill:

Date:

Time of Drill:

Evacuation Time:

Number of Children Present:

Number of Staff Present:

Was the designated alarm sounded? Yes ___ No ___ NA ___

Brief summary of procedure:

Did all children and staff gather at the designated location inside the building? Yes ___ No ___

List any unsatisfactory actions that should be corrected in future fire drills:

Yearly Earthquake Drill (November)

Person conducting drill:

Date:

Time of Drill:

Number of Children Present:

Number of Staff Present:

Was the designated alarm sounded? Yes ___ No ___ NA ___

Brief summary of procedure:

Did all children and staff gather in safe locations inside the building? Yes ___ No ___

List any unsatisfactory actions that should be corrected in future fire drills:

Directions: This Emergency Drill Report and Safety Equipment Maintenance Check is completed monthly by Site Supervisor and filed in Center Safety Notebook and at the end of year in DCFS Health & Safety Drawer.