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| **Fire and Disaster Drill Report Form** | **Program Name Date of Drill Time of Drill (am/pm)**  |
| * **Fire** (quarterly for each facility and

**Type of** service location, monthly for residential**Drill:** programs)* **Disaster** (quarterly for all programs)  **Type of Disaster:**

Please complete the following disaster drills for each quarter. Q1 (Oct-Dec): Tornado, Q2 (Jan-March): Bomb Threat, Q3 (Apr-June): Flood, & Q4 (July-Sept): Active Shooter.* **COOP** (annual for all programs)

**Exact Start Time of Drill: Exact End Time of Drill:** **Amount of Time to Complete Drill:** **Number of Participants (not staff):** **Staff Participating in Drill:**      **Written assessment of general performance on the drill:**(please be specific about actions that took place during the drill) |
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| **Signature of Staff Member Preparing Report:** |