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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:** | |