



# Emergency Drill Documentation

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_ : \_\_\_\_\_  A. M.  P. M.

**Shift:**

- Weekday - 1st
- Weekday - 2nd
- Weekday - 3rd
- Weekend - day
- Weekend - nights

**Type:**

- Fire
- Severe Weather
- Bomb Threat
- Medical Emergency
- Utility Failure
- Violence/Threatening Behavior
- Other: \_\_\_\_\_

Team member(s) conducting drill: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe scenario: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Response to scenario:**

- Fire department called
- EMS called
- Law enforcement called
- Medical Director called
- Building evacuated
- Patient count at time of drill: \_\_\_\_\_

Staff involved in drill: \_\_\_\_\_

Additional response information: \_\_\_\_\_

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Concerns regarding response: \_\_\_\_\_

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Corrective actions: \_\_\_\_\_

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