



EMERGENCY PREPAREDNESS DRILL
TURN IN/SIGNATURE SHEET

Name and address of building or home: _____

Date of Emergency Preparedness drill: _____
Number of Individual(s) present: _____
Names of all staff present: _____
Time to get everyone out: _____
Description of response: _____

Recommendations: _____

Provider/Staff Signature: _____

1st Quarter: _____ 2nd Quarter: _____ 3rd Quarter: _____ Annual: _____

Please turn this form in with the monthly paperwork.

* Entered _____ *