

Emergency Drills

Location: ___ Lancaster ___ Columbus ___ Newark ___ Delaware ___ Chillicothe

Drill Type:

___ Fire ___ Tornado ___ Bomb Threat ___ Power Failure ___ Medical

Date: _____ **Time:** _____

Time for Drill Completion: _____

Where Proper Procedures followed? ___ Yes ___ No

If the proper procedures were not followed, please explain. List corrective action and plans for improvement. _____

Number of persons participating in the drill: _____

Signature of Person Completing Form: _____

Printed Name of Person Completing Form: _____