

Forms and Checklists

This section contains an additional copy of forms located throughout the manual. For more information on the form and its use, refer to the appropriate section of the manual.



Emergency Contacts: Internal

CALL 911 IN AN EMERGENCY

Corporate Office Direct Line: _____	Administrator/Executive Director Direct Line: _____ Cell Phone: _____
Maintenance Director Direct Line: _____ Cell Phone: _____	Nursing Director Direct Line: _____ Cell Phone: _____
Business Office/HR Director Direct Line: _____ Cell Phone: _____	Food Service Director Direct Line: _____ Cell Phone: _____
Housekeeping Director Direct Line: _____ Cell Phone: _____	Activities Director Direct Line: _____ Cell Phone: _____
Marketing Director Direct Line: _____ Cell Phone: _____	Front Desk Direct Line: _____ Cell Phone: _____
Other: _____ Direct Line: _____ Cell Phone: _____	Other: _____ Direct Line: _____ Cell Phone: _____



Emergency Contacts: External

CALL 911 IN AN EMERGENCY

Police Direct Line: _____	Sheriff Direct Line: _____
Fire Department Direct Line: _____	Hospital Direct Line: _____
Hospital Direct Line: _____	Ambulance Service Direct Line: _____
Local Licensing Office Direct Line: _____	Telephone Company Direct Line: _____
Electric Company Direct Line: _____	Gas Company Direct Line: _____
Transportation Service Direct Line: _____	Generator Supplier Direct Line: _____
Irrigation/Landscaping Company Direct Line: _____	Call System Company Direct Line: _____
Elevator Maintenance Company Direct Line: _____	Local American Red Cross Direct Line: _____
Local Office of Emergency Services Direct Line: _____	Emergency Door Company Direct Line: _____
Search and Rescue Direct Line: _____	Other: _____ Direct Line: _____



Local Emergency Response Agencies

CALL 911 IN AN EMERGENCY

The Disaster Leader makes contact and establishes a working relationship with local emergency response personnel well in advance of any disaster.

Local Fire Station

Fire Chief / Main Contact:

Phone:

Email:

Address:

City:

State:

ZIP:

Local Police/Sheriff Department

Chief / Main Contact:

Phone:

Email:

Address:

City:

State:

ZIP:

Local Assisted Living/Residential Care Licensing Office

Main Contact/Title:

Phone:

Email:

Address:

City:

State:

ZIP:



Local Office of Emergency Services

Main Contact/Title:			
Phone:		Email:	
Address:	City:	State:	ZIP:

Local American Red Cross

Main Contact/Title:			
Phone:		Email:	
Address:	City:	State:	ZIP:



EMERGENCY CONTACT INFORMATION REQUEST

Dear Sir or Madam,

As part of our disaster preparedness plan we are updating our emergency contact information for all key stakeholders (families, emergency personnel, etc.) related to our community. As part of this we are also asking for your cell phone number and email address to give us additional communication options in the unlikely event we would lose landline telephone service during a disaster.

Please fill in the information below and return to us via mail, email, or fax.

Name / Title (if applicable):			
Relationship to Facility: <input type="checkbox"/> Family of Resident <input type="checkbox"/> Family of Employee <input type="checkbox"/> Emergency Agency <input type="checkbox"/> Other: _____			
Name of Agency/Organization (if applicable):			
Phone:		Email:	
Address:	City:	State:	ZIP:

Thank you for taking the time to provide us with this essential information. In the unlikely event of a disaster, we will attempt to contact you through the most effective method possible. Please monitor your phone, cell phone, and email. You may also check our website at _____ for updates.

Regards,

John Doe
Administrator

Name of Facility
Address, City, State, ZIP
Phone: (555) 555-1212 • Fax: (555) 555-1212 • Email:
Web address



Map of Emergency Shut-Offs and Controls

INSERT/ATTACH MAP OF FACILITY, NOTING LOCATIONS
OF MAJOR SHUT OFFS AND CONTROLS, INCLUDING:

Gas shut-off, electrical shut-off, water valve shut-off, fire sprinkler shut-off, fire alarm panel, elevator machine rooms, and any other applicable shut-offs or controls.



Main Gas Shut-Off

LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

ATTACH PHOTO AND MAP OF LOCATION HERE



Kitchen Appliances Gas Shut-Off

LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

ATTACH PHOTO AND MAP OF LOCATION HERE



Main Electrical Shut-Off

LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

ATTACH PHOTO AND MAP OF LOCATION HERE



Water Valve Turn-Off

LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

ATTACH PHOTO AND MAP OF LOCATION HERE



Fire Sprinkler Shut-Off

LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

ATTACH PHOTO AND MAP OF LOCATION HERE



Fire Alarm Panel

LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

ATTACH PHOTO AND MAP OF LOCATION HERE



Elevator Machine Control Rooms

LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

ATTACH PHOTO AND MAP OF LOCATION HERE



Emergency Generators

LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

ATTACH PHOTO AND MAP OF LOCATION HERE



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LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

<p>ATTACH PHOTO AND MAP OF LOCATION HERE</p>
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LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

<p>ATTACH PHOTO AND MAP OF LOCATION HERE</p>
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LOCATION:	
TOOLS REQUIRED:	
INSTRUCTIONS:	

<p>ATTACH PHOTO AND MAP OF LOCATION HERE</p>
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Disaster Checklist: Wildfire

This checklist can be used to help organize your disaster response procedures during an actual emergency or disaster. Add any additional procedures to the list that are unique to this facility.

Only perform procedures when it is safe to do so.

PROCEDURE	ASSIGNED TO	DONE	NOT DONE
ADVANCED PREPARATION			
Clearly mark entrance to facility with address			
Create defensible space at least 30 feet around the property			
Keep lawns trimmed			
Keep leaves raked			
Roof and rain gutters free of debris			
Plan several escape routes from your facility.			
Keep a hose that is long enough to reach any area of the property			
WHEN A WILDFIRE IS THREATENING THE AREA			
Protect all resident records			
Backup electronic data and take it with you if evacuation is necessary			
Prepare to evacuate			
Listen for local emergency advisories or special instructions			
Have cash on hand for service, supplies, and clean up			
Take photos of valuables, equipment, grounds, trees, outdoor furniture, roof, out-buildings, parking lot, and then inside starting at entry, reception area, common areas, typical resident rooms/unites, hallways, and kitchen areas.			
Seal attic and ground vents with pre-cut plywood or commercial seals.			

Continues...



PROCEDURE	ASSIGNED TO	DONE	NOT DONE
DURING A WILDFIRE			
Shut off gas at the meter			
Turn off propane tanks			
Place combustible patio furniture inside			
Connect a hose to outside taps			
Place lawn sprinklers on the roof and near above ground fuel tanks			
Wet the roof			
Gather fire tools, such as a rake, axe, handsaw, bucket, and shovel			
Move vehicles into position that is facing the direction of your escape routes - Shut doors - Roll up windows - Leave key in the ignition			
Close garage doors and windows - Leave unlocked			
Disconnect automatic garage door openers			
Open fireplace damper, close fireplace screens			
Close windows, vents, doors, blinds, and heavy drapes			
Move flammable furniture to center of building, away from windows and sliding glass doors			
Close all interior doors and windows			
Routinely communicate with residents and key stakeholders to reassure them and keep them apprised of your response plans			
If evacuation is necessary, follow procedures in the <i>Evacuations</i> section of this manual			
AFTER A WILDFIRE			
Attend to any urgent medical needs or injuries			
Check for immediate hazards, such as gas or water leaks, electrical shorts, etc.			
Turn off damaged utilities			
Have the fire department or utility company turn the utilizes back on			

Continues...



Disaster Checklist: After an Earthquake

This checklist can be used to help organize your disaster response procedures during an actual emergency or disaster. Add any additional procedures to the list that are unique to this facility.

Only perform procedures when it is safe to do so.

PROCEDURE	ASSIGNED TO	DONE	NOT DONE
AFTER AN EARTHQUAKE			
Attend to any urgent medical needs and/or injuries			
Be prepared for aftershocks			
Evacuate the building if a dangerous condition exists according to the <i>Evacuations</i> section of this manual			
Open cabinets cautiously. Beware of objects that can fall off shelves			
Stay away from damaged areas unless your assistance has been specifically requested by police, fire, or relief organizations			
Don't use lanterns, torches, lighted cigarettes, or any open flames as there may be gas leaks			
Reserve telephones for emergency use only			
Be aware of possible tsunamis if you live in coastal areas			
Communicate with key stakeholders regarding the current condition of the facility and your residents			
ADDITIONAL PROCEDURES			



Disaster Checklist: Hurricane

This checklist can be used to help organize your disaster response procedures during an actual emergency or disaster. Add any additional procedures to the list that are unique to this facility.

Only perform procedures when it is safe to do so.

PROCEDURE	ASSIGNED TO	DONE	NOT DONE
BEFORE A HURRICANE			
Check all drainage pumps, battery-powered equipment, and backup power sources for optimum function and operation			
Inform all residents and staff members of the hurricane			
Ensure that sewers and drains for floodwater removal are in working order			
Brace or check the bracing of storage tanks and all outer structures that may be vulnerable to high winds			
If permanent storm shutters are installed, close and secure them appropriately. Otherwise, board up windows using marine plywood.			
Secure all outdoor equipment			
Be sure trees and shrubs around the community are well-trimmed			
Clear rain gutters and downspouts			
Ensure necessary supplies are on-hand according to the <i>72 Hour Self-Reliance</i> section of this manual			
Protect all resident records; back up all electronic data if time allows, and take it with you if evacuation is necessary			
Prepare to evacuate the property			
Listen for local emergency advisories or special instructions from local emergency services agencies before, during, and after the storm			
Have cash on hand for the possible need to pay for services, supplies and clean up			

Continues...



PROCEDURE	ASSIGNED TO	DONE	NOT DONE
Take photos of valuables, equipments, the grounds, trees, outdoor furniture, roof, out-buildings, parking lot and then inside starting at entry, reception area, common areas, typical resident rooms/units, hallways, and kitchen area			
Routinely communicate with residents and key stakeholders to reassure them and keep them apprised of your response plans			
DURING A HURRICANE			
Listen to the radio or TV for information			
Turn off utilities if instructed to do so			
Turn off propane tanks			
Avoid using the phone, except for emergencies			
Evacuate if you are directed by local authorities to do so, or if dangerous conditions exist, according to the <i>Evacuations</i> section of this manual			
IF INSTRUCTED TO DEFEND IN PLACE If local emergency services agencies instruct you to defend in place			
Ensure necessary supplies are on-hand according to the 72-hour self reliance section of this manual			
Move resident beds and chairs to a safe area, away from windows, on the lowest level of the building			
Stay indoors during the hurricane and away from windows and glass doors			
Close all interior doors			
Secure and brace external doors			
Keep curtains and blinds closed			
Lie on the floor under a table or another sturdy object			
AFTER A HURRICANE			
Attend to any urgent medical needs and/or injuries			
Perform an immediate damage assessment. Take photos of damaged and undamaged areas following the same guidelines from the <i>Before a Hurricane</i> section of this policy.			
Check the building for fires			

Continues...



Disaster Checklist: Tornadoes

This checklist can be used to help organize your disaster response procedures during an actual emergency or disaster. Add any additional procedures to the list that are unique to this facility.

Only perform procedures when it is safe to do so.

PROCEDURE	ASSIGNED TO	DONE	NOT DONE
DURING A TORNADO WATCH			
Check all drainage pumps, battery-powered equipment, and backup power sources for optimum function and operation			
Inform all residents and staff members of the tornado watch			
Ensure necessary supplies are on-hand according to the <i>72 Hour Self-Reliance</i> section of this manual			
Protect all resident records; back up all electronic data if time allows			
Turn off utilities if time permits			
Stay inside the building			
Watch the sky for funnel-shaped clouds. If a funnel-shaped cloud is sighted, call 911, inform staff and residents, and move to the tornado warning procedure immediately.			
Routinely communicate with residents and key stakeholders to reassure them and keep them apprised of your response plans			
Take photos of valuables, equipments, the grounds, trees, outdoor furniture, roof, out-buildings, parking lot and then inside starting at entry, reception area, common areas, typical resident rooms/units, hallways, and kitchen area.			
DURING A TORNADO WARNING			
Seek shelter immediately!			

Continues...



PROCEDURE	ASSIGNED TO	DONE	NOT DONE
DURING A TORNADO WARNING: INDOORS			
Go to the pre-designated shelter area (e.g., safe room, basement, storm cellar, or the lowest building level)			
If there is no basement, go to the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls			
Get under a sturdy table and use your arms to protect your head and neck, and/or use pillows and blankets for protection from flying debris			
Do not open windows			
DURING A TORNADO WARNING: IN A VEHICLE, TRAILER, OR MOBILE HOME			
Get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter			
DURING A TORNADO WARNING: OUTSIDE WITH NO SHELTER			
Lie flat in a nearby ditch or depression and cover your head with your hands			
Be aware of the potential for flooding			
Do not get under an overpass or bridge. You are safer in a low, flat location			
Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter			
Watch out for flying debris			
AFTER A TORNADO			
Attend to any urgent medical needs and/or injuries			
Check the building for fires			
If fire alarms and/or protection equipment are not functioning properly, implement a fire watch			
Check the building for damage			
Do not turn on utilities until instructed to do so			
Follow recommendations from local emergency services agencies			
Communicate with key stakeholders regarding the current condition of the facility and your residents			

Continues...



[illegible]

Disaster Checklist: Floods

This checklist can be used to help organize your disaster response procedures during an actual emergency or disaster. Add any additional procedures to the list that are unique to this facility.

Only perform procedures when it is safe to do so.

PROCEDURE	ASSIGNED TO	DONE	NOT DONE
IF A FLOOD IS LIKELY IN THE AREA			
Listen to the radio or television for information			
If there is any possibility of a flash flood, move immediately to higher ground. Do not wait for instructions to move.			
Routinely communicate with residents and key stakeholders to reassure them and keep them apprised of your response plans			
IF YOU MUST PREPARE TO EVACUATE			
Secure the facility			
If you have time, bring in outdoor furniture			
Move essential items/equipment to an upper floor			
Establish a command post on higher ground, if necessary			
Turn off utilities at the main switches or valves if instructed to do so			
Disconnect electrical appliances. Do not touch electrical equipment if you are wet or in water.			
Follow procedures in the <i>Evacuations</i> section of this manual			
Do not walk through moving water			
Do not drive into flooded areas			
AFTER A FLOOD			
Attend to any urgent medical needs and/or injuries			
Listen for news reports to learn whether the community's water supply is safe to drink			

Continues...



PROCEDURE	ASSIGNED TO	DONE	NOT DONE
Avoid floodwaters			
Avoid moving water			
Be aware of areas where floodwaters have receded. Roads may have weakened and could collapse under the weight of a car			
Stay away from downed power lines, and report them to the power company			
Return to the facility only when authorities indicate it is safe			
Stay out of any building if it is surrounded by floodwaters			
Use extreme caution when entering buildings; there may be hidden damage, particularly in foundations			
Service damaged septic tanks, cesspools, pits, and leaching systems as soon as possible			
Clean and disinfect everything that got wet			
Follow recommendations from local emergency services agencies			
Do not allow residents back into building until approved by the appropriate emergency services agency			
Communicate with key stakeholders regarding the current condition of the facility and your residents			
ADDITIONAL PROCEDURES			



Disaster Checklist: Power Failure

This checklist can be used to help organize your disaster response procedures during an actual emergency or disaster. Add any additional procedures to the list that are unique to this facility.

Only perform procedures when it is safe to do so.

PROCEDURE	ASSIGNED TO	DONE	NOT DONE
Retrieve flashlights and provide one to at least the Disaster Leader, Safety Supervisor, and Safety Monitors. Do not use candles or open flames for additional lighting.			
Ensure generators have started (if applicable). If it does not, follow the manufacturer's instructions to start it manually.			
Check all elevators for trapped persons if the elevator car does not automatically return to the first floor.			
Contact the elevator maintenance company and/or emergency services for assistance.			
The Disaster Leader and Safety Supervisors will coordinate all staff duties during the power outage.			
Direct care staff perform resident checks every 15 minutes until power is restored			
ASSISTIVE DEVICES			
Assist residents to change to backup assistive devices if necessary			
Switch oxygen concentrators to backup oxygen tanks			
Switch motorized scooters to backup wheelchairs, or other assistive device as recommended by the resident's physician			
ADDITIONAL PROCEDURES			



Disaster Checklist: Elevator Failure

This checklist can be used to help organize your disaster response procedures during an actual emergency or disaster. Add any additional procedures to the list that are unique to this facility.

Only perform procedures when it is safe to do so.

[illegible]

Disaster Checklist: Bomb Threats

This checklist can be used to help organize your disaster response procedures during an actual emergency or disaster. Add any additional procedures to the list that are unique to this facility.

Only perform procedures when it is safe to do so.

PROCEDURE	ASSIGNED TO	DONE	NOT DONE
Take ALL threats seriously			
If it is a telephoned bomb threat, do not hang up the phone!			
Keep the caller on the line and record as much information as possible			
If your phone system has caller ID, write down the number			
Get as much information from the person as possible.			
Immediately notify the police and your Disaster Leader			
If an unidentified package, bag, or other item is left unattended and raises suspicion, report it to the police department immediately			
If directed to do so, evacuate the building according to the <i>Evacuations</i> section of this manual			
Follow recommendations from local emergency services agencies			
ADDITIONAL PROCEDURES			



Primary Emergency Assembly Point (EAP)

The Primary EAP is located: _____

INSERT/ATTACH MAP OF
PRIMARY EMERGENCY ASSEMBLY POINT HERE



Secondary Emergency Assembly Point

The Secondary EAP is located: _____

INSERT/ATTACH MAP OF
SECONDARY EMERGENCY ASSEMBLY POINT HERE



Temporary Relocation Site #1

Main Contact:

Phone:

Cell Phone:

Email:

Address:

City:

State:

ZIP:

INSERT/ATTACH MAP TO
RELOCATION SITE #1



Temporary Relocation Site #2

Main Contact:

Phone:

Cell Phone:

Email:

Address:

City:

State:

ZIP:

INSERT/ATTACH MAP TO
RELOCATION SITE #2



Temporary Relocation Site #3

Main Contact:

Phone:

Cell Phone:

Email:

Address:

City:

State:

ZIP:

INSERT/ATTACH MAP TO
RELOCATION SITE #3



Resident Roster

KEY/INSTRUCTIONS

Ambulatory Status: Indicate "ambulatory" or specify assistance/device required
 Special Needs: Indicate any special care needs required, such as oxygen, hospice, cognitive impairment, etc.
 It is recommended that you highlight any residents with special care needs.

Resident	Emergency Contact	Physician	Hospice/Home Health
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:



Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:
Name: Room #: Ambulatory Status: Special Needs:	Name:	Name:	Name:
	Address:	Address:	Address:
	Phone:	Phone:	Phone:
	Cell:	Cell:	Cell:
	Email:	Email:	Email:



Visitor Sign-In and Sign-Out

Please sign in and out when visiting. Thank you.

This roster is used to determine who is in the building in the unlikely event of an emergency or disaster.

Date	Name	Reason for Visit	Time In	Time Out



Employee Sign-In and Sign-Out

Please sign in and out when on-duty. Thank you.

This roster is used to determine who is in the building in the unlikely event of an emergency or disaster.

Date	Name	Department	Time In	Time Out



Disaster Supplies Checklist

First Aid Supplies	Facility	Vehicle (if applicable)
Adhesive bandages, various sizes		
Adhesive bandages, various sizes		
5" x 9" sterile dressing		
Conforming roller gauze bandage		
Triangular bandages		
3" x 3" sterile gauze pads		
4" x 4" sterile gauze pads		
Roll 3" cohesive bandage		
Germicidal hand wipes or waterless, alcohol-based hand sanitizer		
Antiseptic wipes		
Medical grade, non-latex gloves		
Tongue depressor blades		
Adhesive tape, 2" width		
Antibacterial ointment		
Cold pack		
Scissors (small, personal)		
Tweezers		
Assorted sizes of safety pins		
Cotton balls		
Thermometer		
Tube of petroleum jelly or other lubricant		
First aid manual		



Disaster Supplies Checklist

[illegible]

Disaster Supplies Checklist

Equipment and Tools	Facility	Vehicle (if applicable)
Portable, battery-powered radio or television and extra batteries		
NOAA Weather Radio, if appropriate for the area		
Flashlights and extra batteries		
Signal flares		
Matches in a waterproof container		
Shut of wrenches, pliers, shovel, and other tools		
Duct tape and scissors		
Plastic sheeting		
Whistle		
ABC-type fire extinguisher		
Work gloves		
Paper, pens, and pencils		
Needles and thread		
Battery-operated travel alarm clock		



Disaster Supplies Checklist

[illegible]

Disaster Supplies Checklist

[illegible]

Disaster Supplies Checklist

[illegible]

Disaster and Emergency Training Record

Name: _____ Date of Hire: _____

	Supervisor Initials	Employee Initials
Location of Emergency Manual		
Location of Emergency Supplies		
Location of Shut-Offs and Controls		
Roles and Responsibilities and the Chain of Command		
Communication with Key Stakeholders		
Disaster Procedures		
Evacuations		
72 Hour Self-Reliance		
Resident Care During an Emergency or Disaster		
Fire Safety		
Using a Fire Extinguisher		
Disaster Drill		

Supervisor Signature Date

Employee Signature Date



Disaster Drill Record

General Information	
Person Conducting Drill:	
Date of Drill:	Time of Drill:
Type of Drill: <input type="checkbox"/> Fire <input type="checkbox"/> Wildfire <input type="checkbox"/> Earthquake <input type="checkbox"/> Hurricane <input type="checkbox"/> Tornado <input type="checkbox"/> Flood <input type="checkbox"/> Power Failure <input type="checkbox"/> Elevator Failure <input type="checkbox"/> Bomb Threats <input type="checkbox"/> Other: _____	

Type of Drill: ☐ Fire ☐ Wildfire ☐ Earthquake ☐ Hurricane ☐ Tornado ☐ Flood
☐ Power Failure ☐ Elevator Failure ☐ Bomb Threats ☐ Other: _____

[illegible]

Summary

