

Emergency Drill Reporting Form

Person Completing Form: Title:	Date:
--	--------------

Use the back of this form to list all the brothers and visitors who participated in the drill.

Time Alarm Sounded:	Time Drill Concluded:	Time to Evacuate:
----------------------------	------------------------------	--------------------------

Type of Drill:	Notification / Alert Method:	Weather Conditions:
<input type="checkbox"/> Fire / Evacuation	<input type="checkbox"/> Bell or Buzzer	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail

Situation at Start of Drill:	Special Conditions Simulated:	Representatives on site for Drill:
<input type="checkbox"/> Early Morning (6 am - 8 am) <input type="checkbox"/> Daytime (8 am – 5 pm) <input type="checkbox"/> Evening (5 pm – 9 pm) <input type="checkbox"/> Nighttime (9 pm – 6 am)	<input type="checkbox"/> Blocked Staircase <input type="checkbox"/> Blocked exit door <input type="checkbox"/> Other simulation <input type="checkbox"/> Which area: _____ _____	<input type="checkbox"/> Ithaca Fire Department <input type="checkbox"/> Pleasant Valley Electric <input type="checkbox"/> Stewart Howe Representative <input type="checkbox"/> Other _____

Problems Encountered: (Check all that apply)	Mitigation / Plans for Improvement: (check all that apply and explain below)
<input type="checkbox"/> Weather-related problems <input type="checkbox"/> Unable to lock doors <input type="checkbox"/> Windows left open <input type="checkbox"/> Doors left open <input type="checkbox"/> Lights left on <input type="checkbox"/> Personnel not accounted for / attendance <input type="checkbox"/> Difficulties with evacuation of brothers <input type="checkbox"/> Difficulties with evacuation of visitors <input type="checkbox"/> Alarm not heard <input type="checkbox"/> People unsure what to do/where to go <input type="checkbox"/> Congestion in hallways	<input type="checkbox"/> Additional Training <input type="checkbox"/> Cooperative planning with Fire Drill company <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Other: _____

Explain corrective efforts and any other notes here:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____