# RECORD OF EVACUATION DRILL

**Assisted Living Homes**

Required frequency: once every three months for each shift (7 AAC 10.1010)

<table>
<thead>
<tr>
<th>Name of Home</th>
<th>Date of Drill</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>Time Start</th>
<th>Time End</th>
<th>Total Time</th>
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Employees on duty at time of drill:

Attach additional pages as necessary

Other individuals present in the Home at the time of the drill:

Do not include residents under this heading, but include any other individuals associated with the Home, Visitors, Care Coordinators, children of home residents, etc.

Residents who were present but did not participate and reason for nonparticipation:

If the drill was postponed when is the rescheduled date of drill? _______________________________________

Actions taken by employees

Response by residents in care

Where Policies followed? YES / NO  Why not? ____________________________________________________________

What policy revisions will occur? ____________________________________________________________

Was drill ineffective? YES / NO What were the factors? __________________________________________________

Suggestions for improving effectiveness of drills

(Signature of Person Completing Form)  (Date)