

RECORD OF EVACUATION DRILL

Assisted Living Homes

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

Name of Home _____ Date of Drill _____

Street Address _____ Time Start _____

Time End _____

Total Time _____

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)