

Drill Report - Form

Drill Number: _____ Date: _____

Participating Area: _____

Drill Coordinator: _____

Start Time: _____ Stop Time: _____

Scenario Used: _____

Equipment Utilized: _____

<u>General Assessment</u>	Yes	No
Did personnel respond according to established procedures?	___	___
Are established procedures effective?	___	___
Is communication adequate?	___	___
Did all equipment function properly?	___	___
Is emergency equipment adequate?	___	___
If outside units participated, was their response satisfactory?	___	___
Was debriefing of crews conducted?	___	___
Was drill conducted safely?	___	___

Action taken to correct deficiencies noted: _____

Emergency Response Team Assessment: Satisfactory___ Unsatisfactory_

Comments: _____

Drill Coordinator

General Manager