Crossroads Head Start/ Early Head Start **GEN-6**

Emergency Evacuation Drill

Upon completion, fax to the Health/Nutrition Coordinator

Location/Center: _____

Date: _____ Time: _____ Drill Performed by: _____

Shift: (Circle One) Morning Afternoon

Location of Evacuation: _____

Description of Drill:

_____

Staff Reaction:

- Number of Drill Participants: _____
- Did Staff remain Calm? [ ] Yes [ ] No
- Was appropriate code used? Red Yellow Green [ ] Yes [ ] No
- Was 911 notified (simulated)? [ ] Yes [ ] No
- Amount of time staff needed to evacuate the building (If Applicable)? _____
- Were Administrative Staff contacted? [ ] Yes [ ] No
- Were Procedures followed according to Health and Safety Policy? [ ] Yes [ ] No
- Were Law Enforcement personnel involved in the drill? [ ] Yes [ ] No

Weather Conditions: Sunny Overcast Rainy

Drill analysis:

Staff Comments:

Areas for Improvement/Confirmation of Current Practices:

_____

Drill occurred as the result of a real life situation. Yes No Incident/Accident Report filled out and turned in? Yes No

Date Improvement completed _____/_____/_____

_____

Health and Nutrition Coordinator

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