

**Emergency Drills**

**Location:**     \_\_\_ Lancaster \_\_\_ Columbus \_\_\_ Newark \_\_\_ Delaware \_\_\_ Chillicothe

**Drill Type:**   \_\_\_ Fire \_\_\_ Tornado \_\_\_ Bomb Threat \_\_\_ Power Failure \_\_\_ Medical  
                  \_\_\_ Violent or Another Threatening Situation

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Time for Drill Completion:** \_\_\_\_\_

**Where Proper Procedures followed?**   \_\_\_ Yes \_\_\_ No

**If the proper procedures were not followed, please explain.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List corrective action and plans for improvement.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of persons participating in the drill:** \_\_\_\_\_

**Signature of Person Completing Form:** \_\_\_\_\_

**Printed Name of Person Completing Form:** \_\_\_\_\_