QUARTERLY EMERGENCY PREPAREDNESS

Employee Competency Skills Check

This form is to be completed, scanned and filed in the electronic system.

To be completed quarterly for each employee as scheduled on the Emergency Drill Data Sheet.

Employee:	**Location:**	**Date of Hire:**

STEP-BY-STEP ACTIONS TAKEN BY EMPLOYEE

Please fill in the appropriate box for each given step that should be taken.

If a "N" is noted, additional information is to be documented in the Comments/Feedback/Correction Given box.

Appropriate Employee Action/Response:	**Did the employee's action/response align with procedure? Y or N**				**Employee varied from expected action/response: Y or N**			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Location of Emergency Guidebook that specifies what duties/responsibilities staff are responsible for carrying out in the event of an emergency.								
Location of Emergency Procedure - Responsible Person List & Service Contacts, who are to be notified during an emergency. • Using home/location's phone for emergency use. • Emergency phone numbers: fire, police, medical emergency service								
Location of alarm signals and fire extinguishers. • Use of and response to alarms (i.e. fire alarm system, battery operated smoke detectors). • What to do if the location is equipped with a fire alarm system and is not working. • Use of fire extinguishers (only to **RESCUE** and **ESCAPE** – not to extinguish the fire). • Notification of an alarm to the fire department. • Isolation of fire.								
Name evacuations routes and designated point of safety. • Location of posted evacuation routes. • Location of primary and secondary exits, and scenarios of when to use. • Location of tornado safe area. • Location of outdoor designated point of safety.								
Review procedures and staff response for evacuation of person (s) served and visitors. • E Scores – level of assistance • Cordless phone and emergency fire bag. • Check all areas/ rooms, turn on lights and direct all to designated point of safety. • Closure of windows and doors (bedroom, bathroom corridor access) on exiting. • Ensure everyone is evacuated out of the home/location and accounted for. • Arrange for medical examination for anyone that may need it. • Do not re-enter the home/location until a professional has given the "all clear".								

Comments/Feedback/Correction Given:

Employee Signature	**Type of Skills Check – Check Box**	**Date of Successful Demonstration**	**Trainer Signature & Date**
	□Tabletop Exercise □Full-Scale Exercise □Walk through/Simulated		
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