EMERGENCY SEARCH WORKSHEET

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

Person:	**Date:**	**Time:**
Address & Phone Number:	Physical Description:	
Last Seen Wearing:	Last Seen at (time and location):	
Ability to keep self safe? ☐ Yes ☐ No	Medical Issues for concern:	

Type of Drill: ☐ Staff surprised ☐ Staff knew in advance ☐ Actual Emergency ☐ Other: _____

Destination Preferences	**Habits**

STEP-BY-STEP ACTIONS TAKEN BY EMPLOYEE(S)

Search Locations	**Time Checked**	**Time Checked**	**Time Checked**	**Time Checked**
Outside the home/location				

Appropriate Employee Action/Response:	**Did the employee's action/response align with the plan/procedure?**	**Comments/Feedback/Correction Given:**
Please use the following when talking to businesses: 1. Hello, I am (your name) and I am an employee of LADD. We provide services to vulnerable people who live in the community and need assistance. I am looking for (give first name & physical description). 2. He/she was last seen at (give location). It is important that you know that he/she has a medical condition and needs assistance by our staff. 3. If you see him/her please call (includes names and telephone numbers for Management). Thank you for your time and assistance in helping us. We greatly appreciate it. (Give Business Card if available)		
Where local authorities contacted: ☐ Yes ☐ No If yes, when local authorities arrived, employee(s) stated that they would follow their instructions.		
When the situation is resolved and person is safe complete an Incident Report.		

Date, time and location person was located:	**Name(s) of Staff Present:**
Person Completing Form (Print):	**Person Completing Form (Signature):**

OVERALL EVALUATION: ☐ **Excellent** ☐ **Good** ☐ **Fair** ☐ **Poor**

EVALUATED BY MANAGEMENT:

Signature: Date: