UTILITY FAILURE EMERGENCY DRILL WORKSHEET

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

Emergency Procedure Drill to be completed each month as scheduled on the Emergency Drill Data Sheet.

Location:	**Date:**	**Time:**
# People Supported Present	# Employee's Present	

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

How were employees and people supported alerted to begin the drill?

STEP-BY-STEP ACTIONS TAKEN BY STAFF

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

Appropriate Employee Action/Response:	**Did the employee's action/response align with the plan/procedure?**	**Employee varied from the expected action/response: Please explain below.**	**Comments, Feedback, Correction Given:**
Ensure all individuals at the location are safe and comfortable.			
When immediate danger to safety is present, call 911 and follow all instructions given by the dispatcher and/or local authorities.			
Locate the battery-operated emergency lights, flashlights and radio.			
Contact Management using the Emergency Procedure - Responsible Person List.			
Contact the utility company to inform them of the loss and ask for a timeline for restoring service.			
Locate necessary food/water supplies that may be needed to assist in keeping all persons safe and comfortable.			
Check medications that must be stored in a cool place to ensure storage instructions are being adhered to.			
When directed employees and Management will implement the Alternative Housing Procedure or Generator Procedure.			

Length of time drill lasted: (Start & End Times)	**Type of Drill – Check**
	☐Orientation & Education ☐Tabletop Exercise ☐Functional Drill ☐Walk through/Simulated ☐Evacuation Drill ☐Full-Scale Exercise

EVALUATION

Did evacuation occur? ☐ YES ☐ NO If yes, answer the questions below:	Comments and/or corrective actions:
Was evacuation appropriate? ☐ YES ☐ NO	
Was evacuation completed safely? ☐ YES ☐ NO	
Head count completed / all persons accounted for? ☐ YES ☐ NO	
Was temporary shelter/alternate housing necessary? ☐ YES ☐ NO	
Was drill completed accurately & Timely? ☐ YES ☐ NO	
Name(s) of Staff Present:	**Initials of Person(s) Supported Present:**
Person Leading Drill (Print):	**Person Leading Drill (Signature):**

OVERALL EVALUATION: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

EVALUATED AND APPROVED BY MANAGEMENT:

Signature: Date: