BOMB THREAT/SUSPICOUS PACKAGE 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 employee's 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:**
Immediately follow the evacuation procedure, moving the people receiving supports and themselves to a safe and secure location outside of the facility.			
Call 911 or local law enforcement & follow directions			
Contact Management using the Emergency Procedure Responsible Persons List. The safety of all evacuees will be ensured & an accounting for all persons involved will be given to management.			
Note the description of the person delivering the package, letter description of the vehicle which direction did they go in, whether walking or driving. If the threat was made by phone was it male/female, approximate age, speech, background noise & the information given by the phoning in the threat.			
Management will immediately ensure that Police & Emergency Personal are contacted & instructions followed.			

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: