

RECORD OF EVACUATION DRILL

Assisted Living Homes

Required frequency: once every three months for each shift (7 AAC 10.1010)

Name of Home	_____	Date of Drill	_____
Street Address	_____	Time Start	_____
		Time End	_____
		Total Time	_____

Employees on duty at time of drill: _____
Attach additional pages as necessary

Other individuals present in the Home at the time of the drill: _____
Do not include residents under this heading, but include any other individuals associated with the Home, Visitors, Care Coordinators, children of home residents, etc.

Residents who were present but did not participate and reason for nonparticipation: _____

If the drill was postponed when is the rescheduled date of drill? _____

Actions taken by employees _____

Response by residents in care _____

Where Policies followed? YES / NO Why not? _____

What policy revisions will occur? _____

Was drill ineffective? YES / NO What were the factors? _____

Suggestions for improving effectiveness of drills _____

(Signature of Person Completing Form)

(Date)