



Emergency Procedures Drill Report Checklist

 Show only Checklist

Display Style
Default 

Drill Information

Details about the drill itself.

Drill Date

Enter date...

Drill Start Time

Enter time...



Drill Duration (Minutes)

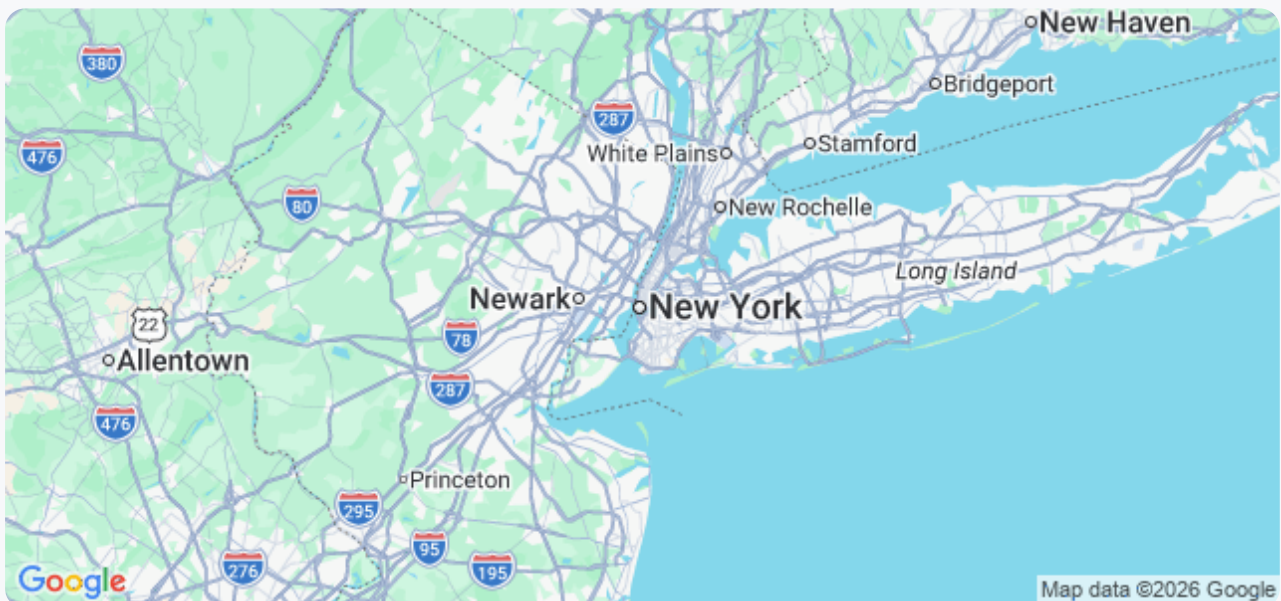
Enter a number...

Drill Type

- ☐ Fire
- ☐ Earthquake
- ☐ Severe Weather
- ☐ Active Shooter
- ☐ Other

Primary Drill Location

 [Set My Current Location](#)



Brief Description of Drill Scope

Write something...

Scenario & Objectives

Description of the emergency scenario simulated and the intended learning outcomes.

Drill Type

- ☐ Fire Evacuation
- ☐ Severe Weather (e.g., Tornado)
- ☐ Active Shooter
- ☐ Medical Emergency
- ☐ Other (Specify)

Scenario Description

Write something...

Number of Guests Simulated

Enter a number...

Number of Staff Participating

Enter a number...

Primary Objectives of Drill

Write something...

Secondary Objectives (if any)

Write something...

Targeted Skill/Area of Focus

- ☐ Evacuation Speed
- ☐ Communication Effectiveness
- ☐ Accountability (Guest/Staff Count)
- ☐ Use of Emergency Equipment
- ☐ Staff Knowledge of Procedures

Personnel & Roles

Record of personnel involved, including their assigned roles and responsibilities.

Roles Present (Check all that apply)

- ☐ General Manager
- ☐ Front Desk Staff
- ☐ Housekeeping Staff
- ☐ Security Personnel
- ☐ Food & Beverage Staff
- ☐ Maintenance Staff
- ☐ First Aid Responders

Role 1: Name

Write something...

Role 1: Assigned Responsibility (e.g., Evacuation Coordinator)

Write something...

Role 2: Name

Write something...

Role 2: Assigned Responsibility (e.g., Guest Assistance)

Write something...

Number of Staff Participating

Enter a number...

Were all assigned roles filled?

☐ Yes

☐ No

Notes on Role Performance/Observations

Write something...

Evacuation & Assembly

Details regarding the evacuation process, including timings, routes, and assembly point procedures.

Drill Start Time

Enter time...

Evacuation Start Time

Enter time...

Assembly Point Arrival Time (Estimated)

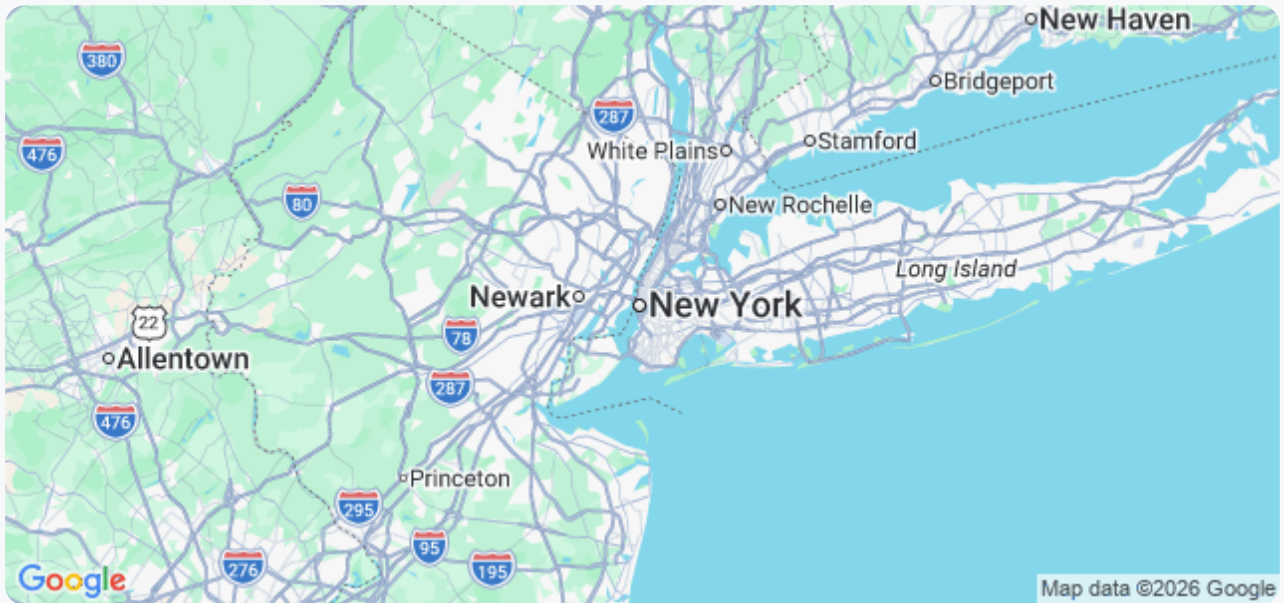
Enter time...

Estimated Evacuation Time (minutes)

Enter a number...

Primary Assembly Point Location

 [Set My Current Location](#)



Evacuation Routes Utilized

- ☐ Route A
- ☐ Route B
- ☐ Route C
- ☐ Route D
- ☐ All Routes

Number of Guests Accounted For at Assembly Point

Number of Employees Accounted For at Assembly Point

Observations Regarding Evacuation Route Conditions (e.g., obstacles, lighting)

Communication & Coordination

Assessment of communication effectiveness between staff, guests, and external agencies.

Time of Initial Emergency Notification (Minutes)

Time of First Communication with Emergency Services (if applicable)

Enter time...

Primary Communication Method Used (e.g., PA System, Mobile Radio)

- ☐ PA System
- ☐ Mobile Radio
- ☐ Telephone
- ☐ Other

Description of Communication Clarity - Were instructions understood by all personnel?

Write something...

**Which departments were involved in communication during the drill?
(Select all that apply)**

- ☐ Front Office
- ☐ Housekeeping
- ☐ Food & Beverage
- ☐ Security
- ☐ Maintenance
- ☐ Management
- ☐ Other

Effectiveness of Internal Communication (Staff to Staff)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Comments/Observations regarding communication effectiveness (e.g., clarity, timeliness, redundancies).

Write something...

Guest/Employee Assistance

Observations and evaluations of assistance provided to guests and employees during the drill.

Number of Guests requiring assistance

Enter a number...

Number of Employees requiring assistance

Enter a number...

Description of assistance provided to guests with mobility limitations.

Write something...

Description of assistance provided to employees with specific needs.

Write something...

Were assistance procedures clearly communicated to guests?

☐

Yes

☐

No

☐

Partially

Were employees adequately trained to assist guests/employees?

☐ Yes

☐ No

☐ Unsure

What types of assistance were provided? (Select all that apply)

☐ Physical assistance

☐ Language interpretation

☐ Medical attention

☐ Emotional support

☐ Other (specify in long text)

Details of 'Other' assistance provided (if applicable).

Write something...

Name of person observing guest/employee assistance

Write something...

Post-Drill Assessment & Corrective Actions

Analysis of performance, identification of areas for improvement, and planned corrective actions.

Overall Performance Summary

Write something...

Areas Where Procedures Were Successfully Executed

☐ Evacuation Route Adherence

☐ Staff Communication

☐ Assembly Point Management

☐ Guest Assistance

☐ Emergency Contact Notification

☐ Other (Specify in Long Text)

Detailed Analysis of Areas for Improvement

Write something...

Time Taken for Full Evacuation (minutes)

Enter a number...

Number of Guests Accounted For

Enter a number...

Equipment Malfunctions or Issues Encountered (e.g., fire alarm, lighting)

- ☐ None
- ☐ Fire Alarm Issues
- ☐ Emergency Lighting Failure
- ☐ Communication System Failure
- ☐ Other (Specify in Long Text)

Specific Corrective Actions Planned (with assigned responsibility and timeframe)

Write something...

Date of Next Drill (to address identified improvements)

Enter date...

Report Reviewer Signature

Documentation & Sign-off

Record of report completion, signatures of responsible personnel, and distribution of findings.

Report Completion Date

Enter date...

Report Completion Time

Enter time...

Report Prepared By (Name)

Write something...

Report Reviewed By (Name)

Write something...

Prepared By Signature

Reviewer Signature

Distribution List (Who received the report)

Write something...

Report Distribution Method

- ☐ Email
- ☐ Printed Copy
- ☐ Shared Drive