

# 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)

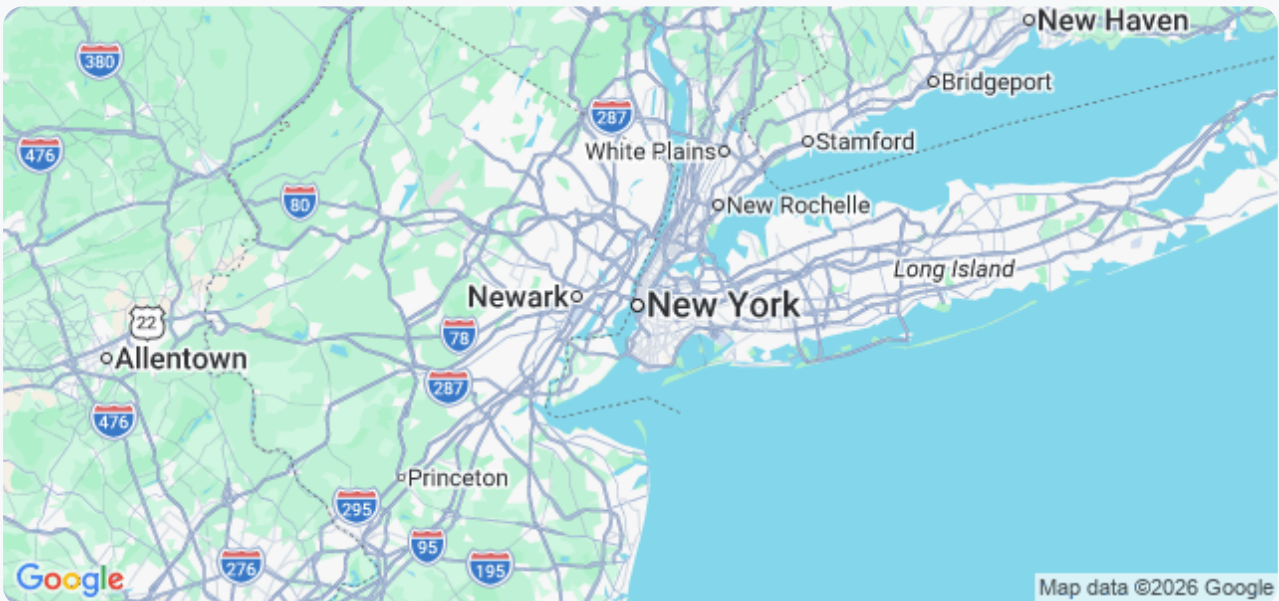
Enter a number...

## 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

## Evacuation Start Time

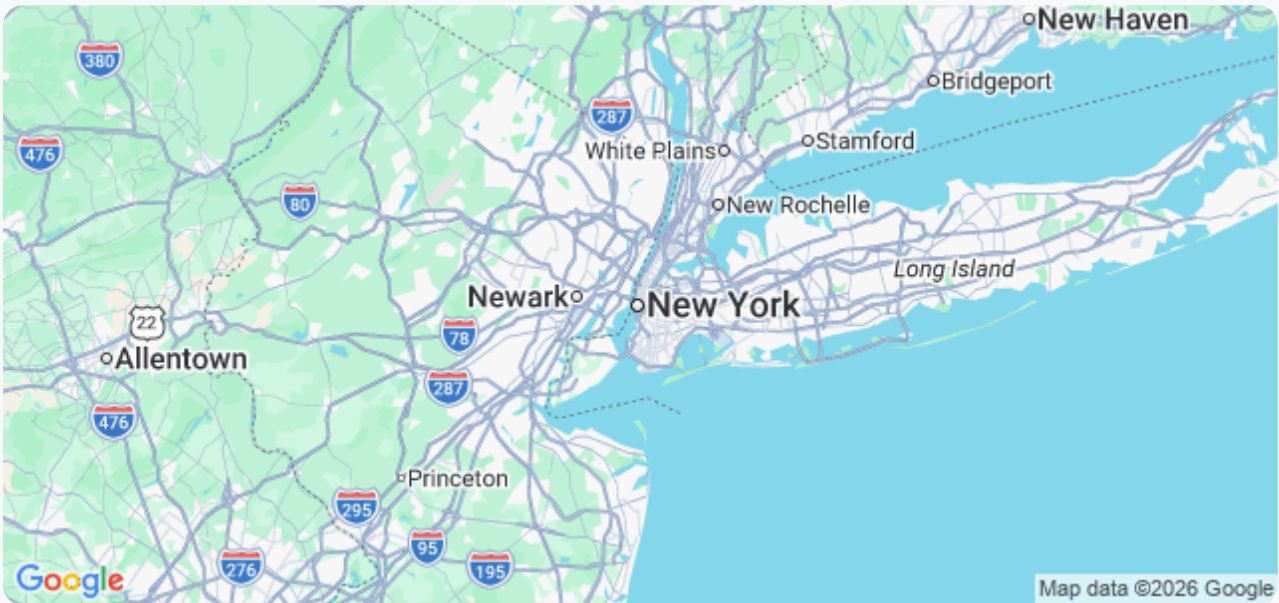
## Assembly Point Arrival Time (Estimated)

## 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**

Enter a number...

### **Number of Employees Accounted For at Assembly Point**

Enter a number...

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

Write something...

## **Communication & Coordination**

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

### **Time of Initial Emergency Notification (Minutes)**

Enter a number...

**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**

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# Documentation & Sign-off

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

## Report Completion Date

## Report Completion Time

## Report Prepared By (Name)

## Report Reviewed By (Name)

## Prepared By Signature

### Reviewer Signature

### Distribution List (Who received the report)

Write something...

### Report Distribution Method

- Email
- Printed Copy
- Shared Drive