

Emergency Drill Evaluation

Conduct at least once a year to ensure staff are familiar with emergency procedures and evacuation routes.

General Information

Clinic name:

Clinic address:

Drill date:

Type of drill:
(e.g., fire, earthquake, lockdown, other)

Emergency warden:
(name, position)

Drill participants:
(full name)

FOR ALL DRILL TYPES

Communication and Response	Yes	No	N/A
Communication was effective between staff and the emergency warden (response procedures).			
All staff members stopped work immediately when alerted.			
The emergency warden effectively guided staff and patients during the drill.			
All staff members followed emergency procedures correctly.			
Assigned roles were effectively followed by staff (e.g., first aid, call 911).			

FOR DRILLS WITH EVACUATION

Evacuation Observations	Yes	No	N/A
The emergency alarm/evacuation alert was clearly heard throughout the clinic (if applicable).			
The emergency warden effectively guided staff and patients during the evacuation.			
All evacuation routes were clear and unobstructed.			
All occupants were evacuated safely and went to the designated muster point.			
All occupants were accounted for at the muster point by the emergency warden.			
Evacuation time (HH:MM):			

SPECIFIC TO FIRE DRILLS (IN ADDITION TO TABLE ABOVE)

Clinic Occupants	Yes	No	N/A
Closed doors behind them to slow the spread of smoke and fire.			
Exited the building using the nearest stairwell—did not use elevators.			
Evacuated safely and went directly to the designated muster point.			
Fire System and Related Equipment	Yes	No	N/A
Fire department was notified if testing system.			
Fire alarm system was tested and functioning.			
Smoke detector(s) were checked and are in good working order. (Batteries are replaced every two years, and detectors are replaced every 10 years.)			
Fire extinguisher(s) were checked and are in good working order. (Inspected by a certified professional within the last 12 months, with tags attached.)			

Comments (Identified issues and corrective actions)**Evaluation completion and employer review**

Completed by: (name, position)		Date completed:	
Reviewed by: (signature)		Date reviewed:	