

Building Name			
Type of Drill	Date of Drill		
Administrator			
Evacuation Start Time	Evacuation End Time	Total Evacuation Time	
Additional Comments			

Drill Evaluation				
	Yes	No	N/A	
Was complete evacuation of the building accomplished?				
Were all areas of the building checked?				
Were all designated evacuation routes clearly marked?				
Were designated evacuation routes taken?				
Did excessive noise accompany evacuation?				
Were there designated meeting areas assigned to each evacuation group?				
Were the designated meeting areas located at a safe distance from the				
Did each evacuation group meet and remain in their designated meeting area?				
Was an accurate count taken of each evacuation group?				
Have procedures for the handicapped been addressed?				
Did all equipment function properly?				