



R-11 EMERGENCY PREPAREDNESS DRILL REPORT

DATE: _____ LOCATION: _____

START TIME: _____ END TIME: _____

NUMBER OF EMPLOYEES INVOLVED _____

TYPE OF DRILL: FIRE ☐ EVACUATION ☐ CHEMICAL SPILL ☐ SEVERE WEATHER ☐

SERIOUS INJURY ☐ GASLINE/POWER LINE RUPTURE ☐ OTHER: _____

DESCRIPTION OF EVENTS:

AREAS FOR IMPROVEMENT:

ACTIONABLE ITEMS:

SUPERVISOR _____ SAFETY MANAGER _____