

Drill Evaluation Form

Community Emergency Preparedness Plan

Drill Information:

- **Drill Date:**
 - **Drill Type:**
 - Evacuation Drill
 - Shelter-in-Place Drill
 - First Aid Drill
 - Fire Drill
 - Earthquake Drill
 - Other: _____
 - **Location:**
 - **Facilitator:**
 - **Participants:**
-

1. Preparation and Planning

| Criteria | Excellent | Good | Fair | Poor | Comments |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| The drill was well-organized and executed on schedule | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Objectives of the drill were clearly defined | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Participants were informed about the drill in advance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Necessary resources and materials were available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

2. Execution

| Criteria | Excellent | Good | Fair | Poor | Comments |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------|
| Participants understood their roles and responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Communication during the drill was clear and effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Evacuation routes/shelter locations were clearly marked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Participants followed procedures as instructed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| The drill was conducted in a safe and controlled manner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

3. Response and Performance

| Criteria | Excellent | Good | Fair | Poor | Comments |
|---|-----------|------|------|------|----------|
| Response time of participants was adequate | [] | [] | [] | [] | |
| Participants were able to locate and use emergency kits | [] | [] | [] | [] | |
| First aid and life-saving techniques were performed correctly | [] | [] | [] | [] | |
| Any issues or obstacles encountered were promptly addressed | [] | [] | [] | [] | |

4. Evaluation and Feedback

| Criteria | Excellent | Good | Fair | Poor | Comments |
|---|-----------|------|------|------|----------|
| Debriefing session was conducted after the drill | [] | [] | [] | [] | |
| Participants provided feedback on the drill | [] | [] | [] | [] | |
| Lessons learned were identified and discussed | [] | [] | [] | [] | |
| Improvement actions were identified for future drills | [] | [] | [] | [] | |

5. Overall Assessment

- **Overall Performance Rating:**
 - Excellent
 - Good
 - Fair
 - Poor
- **Additional Comments:**

Recommendations for Improvement:

1.

2.

3.

4.

Evaluator Information:

- **Name:**
- **Title:**
- **Date:**

Prepared by: [Your Name]
Emergency Management Coordinator
[Community Name]
[Date]

This template provides a structured format for evaluating the effectiveness of emergency drills. It includes sections for assessing preparation, execution, response, performance, and overall assessment, ensuring a comprehensive review of the drill and identifying areas for improvement.