

Emergency Response Drill Checklist

Site Address / Location _____

Date of Drill _____

Name of Evaluator _____

Evaluation	Yes	No	Improvements/Corrections needed
Was everyone evacuated from the site?	<input type="checkbox"/>	<input type="checkbox"/>	
Were all areas of the site checked?	<input type="checkbox"/>	<input type="checkbox"/>	
Were all evacuation routes clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	
Did everyone follow the evacuation routes?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the evacuation carried out in an orderly fashion?	<input type="checkbox"/>	<input type="checkbox"/>	
Did everyone go to the designated meeting area(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
Did everyone stay at the designated meeting area until released?	<input type="checkbox"/>	<input type="checkbox"/>	
Was there an accurate head count?	<input type="checkbox"/>	<input type="checkbox"/>	

Was all communications equipment tested?

Did all communications equipment function properly?

Were any special hazards discovered?

Evacuation start time	Evacuation end time
Total evacuation time	Total number evacuated

Improvements / Corrections Made