



EVERGREEN
SERVICE PROVIDERS

SEVERE WEATHER /DISASTER DRILL

Individual's Name: _____ Date: _____

Staff participating in drill: _____

Time of Drill: _____

Type of Drill: Tornado: Blizzard:

 Flood: Other:

Where all Individuals Assembled: _____

Were all Individuals assembled? Yes: No:

If no, what was the problem? _____

Length of time for Assembling: _____ Min./Sec. _____

Were all doors and windows closed: Yes: No:

If no, what was the problem: _____

Please describe route and prompts used for exiting: _____

Signature of staff conducting drill: _____

Reviewed by: _____

Date: _____