DISASTER DRILL

Time of Drill _______________ A.M. P.M. Date of Drill _______________

Cottage/Building _______________ Time Taken to Move to Safety _______________

Employee Supervising Drill _______________

Place Students Assembled _______________

SUPERVISOR'S COMMENTS:

1. Was movement calm/orderly? _______________

2. Did students follow instructions? _______________

3. Did students know where to assemble? _______________

4. How many students were you responsible for? _______________

5. Did you bring a check list or student roster and call each student's name to insure all students were present? _______________

OTHER COMMENTS: ____________________________

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