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| --- | --- | --- | --- | --- |
| **PRACTICE DRILL TRACKING**  TO BE COMPLETED AFTER EMERGENCIES AND DRILLS TO CORRECT DEFICIENCIES IN THE RESPONSE  **SITE:**  **DATE Reviewed:** **COMPLETED BY:** | | | | |
| **Drills & Recommended Frequency** | **Date Conducted** | **Person Conducting the Drill** | **Drill Scenario or Actual Occurrence** | **Date of Action Review** |
| **Violence**  **(Code White)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **Spill/Release of Hazardous material**  **(Code Brown)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **Shelter in Place (Code Grey)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **Missing Person**  **(Code Yellow)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **Medical Emergency**  **(Code Blue)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **Hostage**  **(Code Purple)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **Fire**  **(Code Red)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **Evacuation**  **(Code Green)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **Bomb Threat**  **(Code Black)**  **(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |

Completed reports to be reviewed by (Insert all Site-Specific designates ie. HSC, Senior Managers, Managers, Supervisors, Workers)

|  |  |
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| **Additional Information** |  |
| **Notes** |  |
| **Overall Confidence Level in responding to this type of situation**  (circle one) | **1 2 3 4 5 6 7 8 9 10** |