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| **CONTINGENCY 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** |
| **LOCKDOWN****(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **SEVERE WEATHER****(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **LOSS OF POWER****(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **LOSS OF WATER****(INSERT # OF DRILLS TO BE COMPLETED PER YEAR)** |  |  |  |  |
| **LOSS OF HVAC****(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** |