

# OFFSITE DRILL RECORD

## **2020**

#### Office of the Fire Marshal & Emergency Preparedness

** PLEASE COMPLETE ELECTRONICALLY **	DATE:
SITE NAME:	
STREET ADDRESS:	CITY/TOWN:
SUITE #:	
PRIMARY POINT OF CONTACT:	
NAME:	TITLE:
PHONE:	E-MAIL:
KNOWLEDGE REVIEW: On what DATE was your Emerg	ency Plan was last updated?:
1. For medical or law enforcement emergencies, what	is the first number to call?
For a facility emergency, such as the loss of power o	r a water leak, what numbers should you call?
2. Where are the Safety Data Sheets (SDS) for the unit k	kept?
Where are alternative (backup) locations for Safety	Data Sheets (SDS)?
a.) A binder that is located offsite.	c.) Security
b.) Environmental Health & Safety website	d.) Both A and B
3.Who should your unit call first if you need to curtail s	ervices?
a.) Clinical Director of Ambulatory Care	c.) Local Municipality
b.) Help Desk	d.) County Health Department
4. What number do you call in the event of the loss of p	phone, internet or network service?
5. In the event of an active assailant, what are your thro	ee guiding principles?
R = H =	F =
6. Does your unit conduct any invasive or sedative proc the event of a utility loss (power, water, data, HVAC)? I	redures that would place the patient at high risk in f yes, please describe:
7. What is your plan for the immediate safe cessation o	f any clinical procedure? General patient evacuation?
8. Does your unit have any high valued equipment that	is subject to damage in the event of a utility loss?
9. What is your average daily patient volume? 10. Where does a printed copy of your site-specifc Eme	rgency Plan reside within the unit?
11. Is your site-specific Emergency Plan located in Polic	yStat? Yes No What CEMP Policy #?
12. List the Top 5 natural or man-made hazards specific	to your facility:



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## **DISASTER**

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<b>DRILL</b>	<b>ACT</b>	IONS
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What was the scenario	(threat hazard	consequence) i	that vou used for t	the disaster drill?	(CANNOT he a tire )

what was the scenario (threat, nazard, consequence) that you used for the disaster drift? (CANNOT be a fire.)				
Briefly summarize what actions were taken to address the situation presented:				
Was this scenario covered adequately in the Emergency Plan?	Yes	No		
Was everyone competent in the Plan's contents?	Yes	No		
Was your staff emergency contact directory up to date?	Yes	No		
AFTER ACTION REVIEW:				
List 3 things that went WELL during the drill:				
1.				
2.				
3.				
List 3 things CHALLENGES that were encountered during the d	rill:			
1.				
2.				
3.				
What are some things that can be done to IMPROVE your emergency plan and actions? (minimum 3)				



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## **DISASTER**

PARTICIPATING STAFF: (use additional sheets if needed)				
PRINTED NAME:	TITLE:	DEPARTMENT:		
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#### **SUBMISSION INSTRUCTIONS:**

- 1. CLICK SAVE! Save this completed form to your computer.
- 2. Click to compose an E-mail message to OffsiteDrills@lists.rochester.edu. Attach the saved file and send.
- 3. Print a copy and save to your files. A copy should be readily available for inspection by your local fire department and regulatory authorities.