

Post-Drill Assessment Form



Campus or Facility Name: _____		Drill Date: _____	
In accordance with the district's Emergency Operations Plan and this campus' commitment to safety and security, this campus conducted a drill with the following results:			
Check all that apply:			
<input type="checkbox"/> Fire/ Evacuation	<input type="checkbox"/> Secure	<input type="checkbox"/> Lockdown	<input type="checkbox"/> Shelter <small>(Severe Weather)</small>
			<input type="checkbox"/> Shelter <small>(Hazmat)</small>
			<input type="checkbox"/> Hold <small>(Not mandated by law)</small>
Date of Drill: _____	_____	Percent of Campus Involved: _____	_____
Drill Start Time: _____	_____	Drill End Time: _____	_____
During this drill we tested our ability to do the following:		_____	
_____		_____	
_____		_____	
<i>(if an actual event, summarize what happened)</i>			
Was a Campus Command Post Established?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, where?/If no, why not: _____		_____	
Was the Incident Command System Used?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were first responders or district police involved (including school based law enforcement)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long did drill and student/faculty accountability process take?		_____	
Were any special circumstances tested?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes explain and/or indicate below: _____		_____	
	<input type="checkbox"/> Obstructed	<input type="checkbox"/> Unobstructed	<input type="checkbox"/> Accountability
			<input type="checkbox"/> Other
Lessons Learned			
What happened during the drill?	_____		
What was supposed to happen?	_____		
Why were there differences?	_____		
Will this drill result in changes to plans, policies or procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Person who will ensure updates: _____
Report Completed by: _____	_____	Date Submitted: _____	_____
Do you have questions for district emergency management or other responders?			<input type="checkbox"/> Yes <input type="checkbox"/> No