

**EMERGENCY PREPAREDNESS ACTUAL EVENT-TEST-DRILL EVALUATION FORM**

**Sun Parlor Home:**

**Emergency Procedure/Code tested:**

**Date/Time:** \_\_\_\_\_ **Start:** \_\_\_\_\_ **Stop:** \_\_\_\_\_

**Description of Actual Event/Drill/Exercise/Scenario being tested** (*example: Annual full scale exercise for Code Black Bomb Threat/suspicious package; drill to include test of building lockdown procedure, fan out list. Taking place on day shift; tabletop follow ups w/evening and night shifts. **OR** Documenting actual event Code Blue Medical Emergency.*):

**Participants**

Name or Position	Role	Name or Position	Role

**Fan Out List used:**       Yes       No

**(External) Community Resources – Partners Used or Contacted in Exercise Plan**

Partner/Agency Name	Role	Feedback Provided	Declined to Provide Feedback
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

<p><b>What areas of the Emergency Preparedness Plan implementation worked well?</b></p>       
<p><b>What areas of the Emergency Preparedness Plan require Improvement? (complete Action Plan)</b></p>       

<b>Debrief</b>	<b>Completed By:</b>	<b>Date</b>	<b>Time</b>
<input type="checkbox"/> <b>Posted for team member review</b>	<input type="checkbox"/> <b>Discussion at team member meeting</b>	<b>Other:</b>	

Action Plan	Resp. Party	Completion & Date

**Emergency Procedure/Code Tested:**

**Date:**

Team Members (Names) Participating	Signatures

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