**EMERGENCY DRILLS SAFETY**

DRILLS OCCUR EACH QUARTER AND AT DIFFERENT TIMES

Host Home Provider and/or Administering Organization:

Host Home Provider and/or Chariton Valley Association

Individual Supported:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TORNADO

|  |  |  |  |
| --- | --- | --- | --- |
| DATE:  TIME:  Drill time:        Minutes       Seconds | DATE:  TIME:  Drill time:        Minutes       Seconds | DATE:  TIME:  Drill time:        Minutes       Seconds | DATE:  TIME:  Drill time:        Minutes       Seconds |
| Persons participating: | Persons participating: | Persons participating: | Persons participating: |
| Were there any problems identified?  YES  NO  If yes, what action needs to be taken to make sure people are safe? | Were there any problems identified?  YES  NO  If yes, what action needs to be taken to make sure people are safe? | Were there any problems identified?  YES  NO  If yes, what action needs to be taken to make sure people are safe? | Were there any problems identified?  YES  NO  If yes, what action needs to be taken to make sure people are safe? |
| Comments: | Comments: | Comments: | Comments: |

**\*\*All drills must be completed within one week of placement at a home.**

**\*\* Fire Drills (and all other emergency drills) Completed quarterly at different times per day.**

**\*\* At least one overnight “shift” fire drill completed once annually during hours of sleep and evacuate the home completely. For Reference, an overnight shift at CVA is 11pm-7am.**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRE DRILL**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE:  TIME:  Evacuation time        Minutes       Seconds | DATE:  TIME:  Evacuation time        Minutes       Seconds | DATE:  TIME:  Evacuation time        Minutes       Seconds | DATE:  TIME:  Evacuation time:        Minutes       Seconds |
| Persons participating: | Persons participating: | Persons participating: | Persons participating: |
| Were there any problems identified?  YES  NO  If yes, what action needs to be taken to make sure people are safe? | Were there any problems identified?  YES  NO  If yes, what action needs to be taken to make sure people are safe? | Were there any problems identified?  YES  NO  If yes, what action needs to be taken to make sure people are safe? | Were there any problems identified?  YES  NO  If yes, what action needs to be taken to make sure people are safe? |
| Checked smoke detector(s)?  YES  NO  Changed battery?  YES  NO | Checked smoke detector(s)?  YES  NO  Changed battery?  YES  NO | Checked smoke detector(s)?  YES  NO  Changed battery?  YES  NO | Checked smoke detector(s)?  YES  NO  Changed battery?  YES  NO |
| **Annual fire extinguisher(s) inspection**  **Date inspected:**  **Inspected by:** | | | |

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