**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 [ ]  NOIf yes, what action needs to be taken to make sure people are safe?      | Were there any problems identified? [ ]  YES [ ]  NOIf yes, what action needs to be taken to make sure people are safe?      | Were there any problems identified? [ ]  YES [ ]  NOIf yes, what action needs to be taken to make sure people are safe?      | Were there any problems identified? [ ]  YES [ ]  NOIf 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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DRILLS OCCUR EACH QUARTER AND AT DIFFERENT TIMES

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Individual Supported:

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

**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 [ ]  NOIf yes, what action needs to be taken to make sure people are safe?      | Were there any problems identified? [ ]  YES [ ]  NOIf yes, what action needs to be taken to make sure people are safe?      | Were there any problems identified? [ ]  YES [ ]  NOIf yes, what action needs to be taken to make sure people are safe?      | Were there any problems identified? [ ]  YES [ ]  NOIf yes, what action needs to be taken to make sure people are safe?      |
| Checked smoke detector(s)?[ ]  YES [ ]  NOChanged battery?[ ]  YES [ ]  NO | Checked smoke detector(s)?[ ]  YES [ ]  NOChanged battery?[ ]  YES [ ]  NO | Checked smoke detector(s)?[ ]  YES [ ]  NOChanged battery?[ ]  YES [ ]  NO | Checked smoke detector(s)?[ ]  YES [ ]  NOChanged battery?[ ]  YES [ ]  NO |
| **Annual fire extinguisher(s) inspection****Date inspected:** **Inspected by:**  |

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