

**BIG BEND COMMUNITY BASED CARE  
EMERGENCY TEST REPORT**

**COMPLETE BEFORE THE EMERGENCY TEST** (where appropriate, check the applicable response).

DATE: \_\_\_\_\_  Weekday  Weekend SHIFT:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Type of Emergency Drill:	<input type="checkbox"/> FIRE	<input type="checkbox"/> NATURAL DISASTER- POWER FAILURE
<input type="checkbox"/> Actual	<input type="checkbox"/> BOMB THREAT	<input type="checkbox"/> MEDICAL EMERGENCY
<input type="checkbox"/> Simulated	<input type="checkbox"/> OTHER Identify: _____	<input type="checkbox"/> EVACUATION

- Location (rooms, corridors, stairs, etc.): \_\_\_\_\_
- Is a victim involved?  YES  NO
- Is the victim (circle all that apply):  AMBULATORY  INJURED  
 UNCONSCIOUS

**COMPLETE DURING THE EMERGENCY TEST** (where appropriate, check the applicable response).

- When did the emergency begin? \_\_\_\_\_
- Who discovered the emergency and when? \_\_\_\_\_
- Who sounded the alarm? \_\_\_\_\_ When? \_\_\_\_\_
- After an explanation of the emergency, what action was taken? \_\_\_\_\_

If a victim was involved, was the victim located safely and efficiently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Did staff use proper judgment to attempt a rescue?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Did staff notify others of the emergency and rescue attempt?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Was the rescue successful?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Did staff call 911?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Were clients moved to a safe area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Were corridors, exits, and doors clear of obstructions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Were all doors, windows, and corridors closed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Were fire doors closed and clear of obstructions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Who responded to the emergency? \_\_\_\_\_  
What equipment was used? \_\_\_\_\_

Was a fire extinguishers used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Was the emergency an isolated event?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Were exits monitored by staff?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Was the area/ building evacuated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
For Bomb Threat, were areas checked for unusual objects or packages?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

5. **COMPLETE AFTER THE EMERGENCY TEST** (where appropriate, check the applicable response).

Was the emergency plan executed by all staff hearing the alarm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Did all staff respond properly to the alarm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Did all staff follow procedures calmly and efficiently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Did all staff know the emergency procedures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
What problems were noted?	<input type="checkbox"/> None - Satisfactory test		
How many clients were involved?	_____	How many staff persons were involved?	_____
List names of all staff present during the emergency procedures.			
Total length of time to complete evacuation	_____	Total length of time to conduct drill	_____

6. RECOMMENDATIONS to improve response to emergency: \_\_\_\_\_

7. Anticipated date for corrective action: \_\_\_\_\_

8. Signature of staff completing report: \_\_\_\_\_