Fire/Tornado/Emergency Preparedness Documentation Form for Exempt Providers

This document must be kept for two years after completion. For_ (Year) FIRE DRILL (monthly) JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Date Time Number of Children Length of Drill** **The goal is to have evacuation time complete in less than two minutes. **SMOKE DETECTOR (monthly)** JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Date Detector Checked Date Batteries Checked *Batteries should be checked annually. **TORNADO DRILL** (every six months) JAN FEB MAR JUN JUL AUG SEP OCT NOV DEC MAY Date Time Number of Children Length of Drill** FIRE EXTINGUISHER JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC Date Checked LOCKDOWN DRILL (every six months) JAN FEB MAR APR JUN JUL AUG SEP OCT NOV DEC MAY Date Time Number of Children Length of Drill**

REVIEW EMERGENCY PLANS PROCEDURES* (every six months)

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|--------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Date | | | | | | | | | | | | |
| Reviewed | | | | | | | | | | | | |
| *Reviewed by | all staff | | | | | | | | | | | |

^{*}Reviewed by <u>all</u> staff

| What will the person discovering the emergency do? | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| How will they notify other staff? | | | | | | | | | |
| What will you do before the emergency responders arrives? | | | | | | | | | |
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| How will you make sure all persons are evacuated and/or accounted for during each emergency? | | | | | | | | | |
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