

# Shipboard Emergency Drill Evaluation Sheet

Date:

Vessel Name:

Type of Drill:

Location:

Drill Conducted by:

Personnel Present:

Objectives of Drill:

## Drill Evaluation

Evaluation Criteria	Satisfactory	Needs Improvement	Comments
Alarm sounded and heard by all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Crew responded as per procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Muster list used and verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Equipment used correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Communication effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Time taken to complete drill	<div></div>
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Remarks and Observations:

Corrective Actions Required:

Evaluated by:

Date of Evaluation: