

Basic Information

Hospital Name

Department / Ward

Date of Drill

Time

Drill Coordinator

Contact Number

Evacuation Drill Details

Type of Emergency Simulated

Total Number of Participants

Departments/Wards Involved

Areas Evacuated

Total Evacuation Time (mm:ss)

External Agencies Involved

Observations & Outcomes

What Went Well?

Challenges / Issues Noted

Actions Taken During Drill

Improvement Plan

Recommendations for Future Drills

Person Responsible for Follow-Up

Date for Next Review

Sign-Off

Completed By

Date