

EMERGENCY RESPONSE/ DRILL CRITIQUE

FOB-SAF-FORM-019

EMERGENCY RESPONSE/DRILL CRITIQUE

BASIC INFORMATION					
Facility:			Date: / /		
Completed By:					
EMERGENCY DESCRIPTION					
Type of drill (check one):					
<input type="checkbox"/> Fire	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Chemical Spill			
<input type="checkbox"/> Evacuation	<input type="checkbox"/> Severe Weather	<input type="checkbox"/> Intruder			
<input type="checkbox"/> Other:					
Date & time of drill or emergency: / /					
Shift (for drill), (check all that apply):					
<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third			
Description of drill scenario or emergency:					
Time to evacuate facility:					
<input type="checkbox"/> First Shift	<input type="checkbox"/> Second Shift	<input type="checkbox"/> Third Shift			
Emergency Notification			Yes	No	N/A
1.	Were facility personnel notified of the drill or emergency using the site emergency notification system?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	If by alarm, bells, horn or public address system, did the system work?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Could the systems be heard in all areas of the facility?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					
Emergency Evacuation			Yes	No	N/A
1.	Did this drill or emergency involve an evacuation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	If so, did all personnel evacuate building?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did all personnel properly evacuate according to the evacuation plan and meet at the designated meeting point(s)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Were elevators used during the evacuation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Were any fire doors (stairwell doors) propped open?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Did fire doors that automatically close function properly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Were any persons requiring special assistance, if any, properly attended to?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Were the evacuation coordinators clearly visible?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	How did Non-Function personnel (visitors and contractors) respond and react to the evacuation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Were there any visibility problems in the facility?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Were any of the exit paths, including stairwells, found to pose hazards or were otherwise not usable?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Were any other types of difficulties encountered during the evacuation? (Explain in comments section)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

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Emergency Response Actions		Yes	No	N/A
1.	Was the emergency response team (First Aid) properly and timely dispatched?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Did the emergency response team wear required PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did the project Emergency Coordinator (or alternate) perform duties required by plans or the emergency situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did designated emergency responders properly perform their tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Was equipment properly shut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Was medical aid properly rendered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Were emergency notifications to outside responders made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did Law Enforcement and/or other emergency response groups respond in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	If drill involved a chemical spill, did the responders follow the facility spill plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Was there sufficient emergency equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Post-Emergency Response Actions		Yes	No	N/A
1.	Was the facility surveyed to determine if it was safe to return to normal operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Was the "all clear" to return to work given to project personnel by an authorized individual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are there specific procedures that need additional exercise/practice? (If yes, explain in comments section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there additional response supplies and equipment needed? (If yes, explain in comments section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have corrective actions been identified and put into the site corrective action tracking system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

CORRECTIVE ACTIONS

	Recommendations	Corrective Actions	Responsible Person	Date Completed
1.				/ /
2.				/ /
3.				/ /
4.				/ /
5.				/ /
6.				/ /

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Change Log

Revision # <small>(include the numerical revision sequence)</small>	DATE <small>(Include the date in which final changes were made by month, and year)</small>	MODIFICATIONS <small>(Include significant modifications made to the document)</small>	NAME <small>(Include person(s) who were responsible for the modifications by capitalizing first initial of the person's first name followed by their last name)</small>
1	April 12, 2019	New Form creation	MDymon, Safety Manager