BEHAVIORAL HEALTH CLINICS EMERGENCY DRILL CHECKLIST

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HUMAN RESOURCES - RISK MANAGEMENT
SFN 957 (8-2026)

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1. DRILL INFORMATION

Date of Drill - MM/DD/YYYY	Day of Week	Location or Building

Drill Type: Select all that Apply

☐ Fire ☐ Tornado ☐ Medical Emergency ☐ Lockdown ☐ Bomb Threat

☐ Other - Specify: _____

Time Drill Initiated ◯ AM ◯ PM	Time All Occupants Evacuated or Drill Concluded ◯ AM ◯ PM	Minutes Elapsed

Drill Coordinator or Leader Name	Title or Position

Number of Staff Present	Number of Clients or Occupants	Number of Visitors Present

2. PRE-DRILL READINESS

Checklist Item	Yes	No	NA	Checklist Item	Yes	No	NA
Staff understood drill objectives	◯	◯	◯	Staff knew assigned roles	◯	◯	◯
Communication equipment available and functional	◯	◯	◯	Emergency supplies available	◯	◯	◯
Emergency procedures accessible	◯	◯	◯	Exits and exit routes unobstructed	◯	◯	◯
Alarms or notification systems functional	◯	◯	◯	Special needs and accommodations identified and addressed	◯	◯	◯
Environment safe for drill	◯	◯	◯				

3. RESPONSE AND EVACUATION

Checklist Item	Yes	No	NA	Checklist Item	Yes	No	NA
Drill initiated within expected time frame	◯	◯	◯	Staff responded appropriately	◯	◯	◯
Incident Commander or Leader identified	◯	◯	◯	Emergency supplies available	◯	◯	◯
Emergency procedures followed	◯	◯	◯	Paths of travel used correctly	◯	◯	◯
All occupants accounted for	◯	◯	◯	Head count accurate	◯	◯	◯
Communication used effectively	◯	◯	◯	Area cleared as required	◯	◯	◯
Assistance provided to those needing help	◯	◯	◯				

4. FACILITY SAFETY ACTIONS

Checklist Item	Yes	No	NA	Checklist Item	Yes	No	NA
Doors secured and controlled	◯	◯	◯	Hazard area isolated	◯	◯	◯
Utilities addressed, if applicable	◯	◯	◯	Alarm/notification system functional	◯	◯	◯
Emergency equipment accessible and functional	◯	◯	◯	Restrooms checked for occupants	◯	◯	◯
Rooms checked as required for the drill type	◯	◯	◯	Damage and hazards identified and reported	◯	◯	◯
Area deemed safe before re-entry	◯	◯	◯				

5. COMMUNICATION

Who announced the drill?	
Primary Method of Communication: Select all that apply ☐ Radio ☐ Phone ☐ PA System ☐ Two-Way or Intercom ☐ In-House Word of Mouth ☐ Other - Specify: _____	
Was emergency services contacted? ◯ Yes ◯ No	Were fire and law department present for the drill? ◯ Yes ◯ No

6. PARTICIPANT ACCOUNTABILITY

Checklist Item	Yes	No	NA	Checklist Item	Yes	No	NA
All participants accounted for	◯	◯	◯	Census and roster verified	◯	◯	◯
Accountability completed in a timely manner	◯	◯	◯	Visitors accounted for	◯	◯	◯
Special needs persons assisted as needed	◯	◯	◯	Participants remained supervised as required	◯	◯	◯
Participants returned safely to unit or designated area	◯	◯	◯				

7. DEBRIEF

Overall Drill Rating: Select one ◯ Excellent ◯ Satisfactory ◯ Needs Improvement ◯ Unsatisfactory	
Was another drill recommended? ◯ Yes ◯ No	If another drill was recommended, specify the type and topic
Overall Comments	

Strengths, What Went Well
Areas for Improvement

Corrective Actions Required

Issue Identified	Corrective Action	Responsible Person	Due Date YYYY-MM-DD	Completed
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No