

PLANT # _____

EMERGENCY EVACUATION / IN-HOUSE SHELTER CHECKLIST

This form is to be completed by all KEY PERSONS. There will be an efficiency review meeting immediately after all emergency evacuation / In-House Shelter drills.

DATE: _____

	<u>DAY SHIFT</u>	<u>EVENING SHIFT</u>
Was the alarm loud & clear in your area?		
Did employees respond immediately to the alarm		
Was power to equipment shut down by operators?		
Did employees go directly to their Safe Areas?		
Was there a sweep of the work area done?		
Was roll call performed in a structured timely manner?		
Were all employees accounted for - were they located?		
If employees were not accounted for, were they located?		
Was an explanation for the evacuation / In-House Shelter drill given?		

COMMENTS: (improvements, issues, overall performances)

Supervisors for this plant:

Evaluator Health & Safety Coordinator

(Signature)

Signatures of Supervisors:
