

EMERGENCY AND EVACUATION REHEARSAL RECORD

Service type: FDC IHC

Educator Name:	Date:	Time:
Service Name:		
Educator Signature:		

CHILDREN IN CARE

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

OTHER PERSONS IN ATTENDANCE (Student, Volunteer, Usual Occupants, Visitor)

Name:	Name:
Name:	Name:

TYPE OF REHEARSAL: Evacuation Lockdown Medical

Scenario: _____

Emergency Summary
Provide an overview of the circumstances and emergency As the emergency unfolded, what was the sequence of events and the service's responses?
Evaluation
Reflection/Evaluation: [consider- <i>What went well?</i>]
What might be done differently?
(Note: sometimes things done well can also be improved/done differently.)
Further actions:
(What actions should be made or continual improvement and by whom?)

	Yes	No	COMMENTS
Was the first aid kit readily available and fully stocked?			
Were there any obstructions to the exits?			
Was mobile and emergency contact details easily accessible?			
Was the backup communication device accessible and operational?			
Did children know what to do?			
Smoke detectors checked and in working order			
If it was a medical emergency was the medical conditions plan and action plan readily available?			
Were parents/families informed about the rehearsal?			
Are your emergency and evacuation floor plan and instructions still displayed in a prominent position near each exit?			

Educators must rehearse and document emergency and evacuation procedures every 3 months rotating a variety of identified scenarios.

Next Rehearsal Due (Add a calendar reminder): _____