



EMERGENCY RESPONSE FORM

Please complete both the Emergency Response and Evaluation forms.

Date of Incident:		Time of Incident:	
Person Filling out Form:			
Location:	<input type="checkbox"/> Jackson <input type="checkbox"/> Hillsdale	Shift:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Event Type:	<input type="checkbox"/> Actual Emergency <input type="checkbox"/> Simulated Training Drill <input type="checkbox"/> Tabletop Drill		
Type of Emergency:	<input type="checkbox"/> Bomb Threat <input type="checkbox"/> Fire Drill <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Tornado Drill <input type="checkbox"/> Power/Utility Failure <input type="checkbox"/> Workplace Threat/Violence <input type="checkbox"/> Unfounded Call <input type="checkbox"/> Natural Disaster/Weather Emergency <input type="checkbox"/> Other:		
Response Documentation by Floor Warden or Representative			
<input type="checkbox"/> Check if incident was an accidental call to 911. <input type="checkbox"/> Check if incident was a routine welfare check.			
<input type="checkbox"/> Check if notification was an alert button or code activation. Reason for activation:			
Type of Incident:			
<input type="checkbox"/> Fire Drill <input type="checkbox"/> Tornado Drill <input type="checkbox"/> Actual Emergency (Specify):			
<input type="checkbox"/> Other Drill (Specify):			
Time Notified: <input type="checkbox"/> AM <input type="checkbox"/> PM			
How Notified: <input type="checkbox"/> Alarm <input type="checkbox"/> Overhead Page <input type="checkbox"/> Other (Specify):			
Emergency Response Details (Complete if Actual Emergency)			
Was ambulance <input type="checkbox"/> , fire dept. <input type="checkbox"/> , and/or police <input type="checkbox"/> involved? Police Report #:			
Actions taken by these agencies upon their arrival:			
Floor Warden or Representative Signature (Typed name is acceptable):			
This section to be filled out by Facilities Director or Safety Management Administrator			
Review:			
Facilities Director or Safety Management Administrator Signature (Typed name is acceptable):			