



**TOWARD MAXIMUM INDEPENDENCE  
COMMUNITY EMERGENCY DRILL FORM**

|                |             |            |                   |                 |          |
|----------------|-------------|------------|-------------------|-----------------|----------|
| Type of Drill: | Fire        | Earthquake | Medical Emergency | Power Outage    | Location |
| Date of Drill: | Start Time: |            |                   | Time Completed: |          |

Describe the drill and the outcome:

Comments and Suggestions:

**Reporter Signature:**

**Date Signed:**

**Director Review and Recommendations:**

**Director Signature:**

**Date Signed:**