

TOWARD MAXIMUM INDEPENDENCE COMMUNITY EMERGENCY DRILL FORM

Date of Drill: Describe the drill and the outcome: Completed: Completed: Completed: Completed: Completed: Completed: Completed: Director Signature: Director Signature:	Type of Drill:	Fire	Earthquake	Medical Emergency	Power Outage Location		
Describe the drill and the outcome: Comments and Suggestions: Reporter Signature: Date Signed: Director Review and Recommendations:						Time	
Comments and Suggestions: Reporter Signature: Date Signed: Director Review and Recommendations:	Date of Drill:			Start Time:		Completed:	
Comments and Suggestions: Reporter Signature: Date Signed: Director Review and Recommendations:							
Reporter Signature: Date Signed: Director Review and Recommendations:	Describe the drill and the outcome:						
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