CHAPTER 8

SECTION 10

SUBJECT: Environment of Care

TITLE: Fire Safety

EFFECTIVE DATE: 12-15-95

REVISED/REVIEWED DATE: 9/12/97, 2/5/02, 8/6/04, 11/1/05, 2/28/08, 1/26/12, 3/25/13, 3/17/14, 3/18/15, 4/21/16, 5/8/17, 7/13/18, 9/1/19

ISSUED AND APPROVED BY:

EXECUTIVE DIRECTOR

I. PURPOSE:
To establish policy and procedures to minimize the risk of injury and/or loss due to fire.

II. APPLICATION:
To all Community Mental Health of Ottawa County (CMHOC) operated programs and contracted residential providers.

III. DEFINITIONS:
Evacuation Scores (E-Scores) - an assessment of the capability of consumers to evacuate a building in the event of a fire. An Emergency Plan system as described in the Life Safety Code developed by the National Fire Protection Association.

Life Safety Code - Standards developed by the National Fire Protection Association for the purpose of ensuring that the environment of the physical plant is designed to provide for the physical safety of personnel and service recipients.

IV. POLICY:
It is the policy of Community Mental Health of Ottawa County to comply with the local, state, and federal standards and codes in order to provide safe environments for services to persons served, volunteers, visitors and providers of Agency services.

It is also the policy that the Health and Safety Coordinator will develop, maintain, and monitor a Fire Safety Program which establishes network standards for fire drills, evacuation assessments, fire safety training, fire safety equipment, and documentation throughout the CMHOC network.

V. PROCEDURE:
1. The Fire Safety Program will delineate requirements across the CMHOC network for:
   - Fire Drills (tests of fire evacuation procedures)
   - Training in Fire Safety
   - Fire Equipment/Resources
   - Documentation Regarding Fire Safety/Emergencies

2. Fire and Safety Evacuation Procedures: All CMHOC providers and residential providers are expected to follow the following procedures during fire emergencies (as well as those specifically designed for their setting). These procedures are to be routinely “tested” during fire drills.
   
   In the case of fire drill or fire emergency, the following procedures are to be followed:
• Any person who discovers a fire or smoke will pull the manual pull station (if available) or notify other building occupants in the most efficient manner available.
• Notify the Fire Department by dialing "911" from outside the building
• All staff are responsible for evacuating all consumers and visitors from the building via the nearest exit as indicated on the EXIT signs posted throughout the building.
• Close doors as you exit – but do not go out of your way to close doors not on your evacuation route. This will slow down the spread of the smoke allowing more time for safe evacuation.
• Supervisors or pre-designated staff are to “sweep” through the building to assure all visitors, guests, and other occupants have been successfully evacuated. All available staff are encouraged to assist as warranted or needed.
• Staff, consumers and visitors will be assembled at the designated location (frequently referred to as the "safe area") outside of the building. These are designated as safe places to congregate out of the way of fire rescue equipment and personnel.
• All building occupants should be accounted for at the meeting location. Any missing person(s) will be reported to the fire personnel upon their arrival.
• Staff should be polled to assure that all visitors have evacuated.
• ALL STAFF MUST respond to an emergency situation or drill situation; no one will be allowed to re-enter the building until Fire Department personnel have arrived on the scene and issued an "all clear".
• Document the fire emergency on the CMHOC Emergency Plan Test Evaluation form (attached).

3. Fire Emergency Information

In case of an actual fire, the following procedures should be used by all individuals. These actions do not need to be practiced during fire drills:

• If trapped in a windowless room, stay near the floor where there is less smoke and more oxygen. If a window is present, open it top and bottom and keep your face at the bottom opening for fresh air intake.
• Feel every door with your hand. If the door is hot, do not open it. If the door is cool, open it slowly and stay behind it; if you feel heat or pressure coming through the doorway, shut the door immediately.
• Do not try to penetrate smoke-filled halls unless absolutely necessary. Seek another way out.
• If you must penetrate smoke-filled areas, stay near the floor where air is better. Take short breaths; breathe through your nose; cover face with handkerchief or towel if possible.
• In the event that your own clothing catches fire, follow these procedures:
  □ Don’t panic.
  □ Cross your arms over your chest so that your hands touch your shoulders.
  □ Drop to the floor and roll over and over slowly.
  □ If possible, wrap yourself in a coat or a rug or curtains and roll on the floor.
• In the event that someone else’s clothing catches fire, follow these procedures:
  □ Get him/her onto the floor.
  □ Smother the fire with a rug, clothing, or heavy curtains.
  □ Spray with extinguisher, if one is handy. Keep spray away from face.
When fire is out, do not pull clothing away from skin. Treat victim for shock and call for emergency help as needed.

4. Fire Dills
   - The Building Managers in cooperation with the Health and Safety Coordinator and/or Ottawa County Emergency Services (or their designee) are responsible for determining the date of the drill according to the schedule delineated in the Fire Safety Program. The results of all drills are documented on the CMHOC Emergency Plan Test Evaluation form (see Attachment). The goal is to evacuate the facility within 3 minutes; should evacuation exceed five minutes, the drill is considered “failed” and must be repeated after corrections/improvements have been made to reduce evacuation time. Results of fire drills are used to evaluate the Fire Safety Program and to revise the program as necessary.

5. Maintenance of Fire Equipment
   Fire equipment shall be inspected by contracted professionals in the specified area of expertise and monitored by the Health and Safety Coordinator and/or Building Designee as well as Ottawa County Building & Grounds Department as specified in the Fire Safety Program.

6. Use of Power Strips
   a. Power Strips shall be:
      - Three wire grounded;
      - A minimum of 16 gauge; and
      - SO/SJ/ST/SJT hard usage cords.
   b. Power Strips shall not be used:
      - Where cords might present a hazard to tripping or being stepped upon;
      - Through windows or doorways; or
      - When coiled in use.

7. Portable Heating Devices
   The use of any type of portable heating device is not permitted on any Community Mental Health of Ottawa County site.

8. Per County policy, smoking, e-cigarettes, and all other tobacco use is strictly prohibited in any County run or leased facility and grounds.

9. The use of open flames is to be avoided inside the facility. Use of open flames (e.g., candles, fires, propane or charcoal grills) should be limited to at least 8 feet away from all structures and only under strict supervision by staff. Ready access to fire extinguishment tools should be available.

VI. ATTACHMENT:
CMHOC Emergency Plan Test Evaluation form
CMHOC Fire Safety Program

VII. REFERENCE:
# Community Mental Health of Ottawa County
## FIRE SAFETY PROGRAM

<table>
<thead>
<tr>
<th>TYPE OF LOCATION</th>
<th>FREQUENCY OF DRILLS</th>
<th>PERFORMANCE CRITERIA</th>
<th>PARTY RESPONSIBLE</th>
<th>DOCUMENTATION REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMH – DD Services</td>
<td>Annually</td>
<td>Evacuate in under 3’ <em>(repeat drill if over 5’)</em></td>
<td>Building Manager/Designee</td>
<td>Drill log forwarded to Health and Safety Coordinator within 3 days</td>
</tr>
<tr>
<td>CMH – Outpatient</td>
<td>Twice Annually <em>(i.e., Once during day and once in evening)</em></td>
<td>Evacuate in under 3’ <em>(repeat drill if over 5’)</em></td>
<td>Building Manager/Designee</td>
<td>Drill log filed in administration</td>
</tr>
<tr>
<td>AFC – Certified – License &lt; 4</td>
<td>Once each quarter during daytime, evening, and sleeping hours (averaging once per month) PLUS within 30 days of each new admission</td>
<td>Successful evacuation of every occupant in a safe, controlled fashion under 3’</td>
<td>Provider PLUS each respite staff must successfully complete one drill with provider supervision</td>
<td>Drill log filed in home and made available to CMHOC Health and Safety Coordinator/other external reviewer(s) on request Verified annually by Site Review Team</td>
</tr>
<tr>
<td>AFC – Certified – License &gt; 3</td>
<td>Once each quarter during daytime, evening, and sleeping hours (averaging once per month) PLUS within 30 days of each new admission</td>
<td>Successful evacuation of every occupant in a safe, controlled fashion under 3’</td>
<td>Provider PLUS each respite staff must successfully complete one drill with provider supervision</td>
<td>Drill log filed in home and made available to CMHOC Health and Safety Coordinator/other external reviewer(s) on request Verified annually by Site Review Team</td>
</tr>
<tr>
<td>AFC – Non-certified, small group or family License &lt;12</td>
<td>Once each quarter during daytime, evening, and sleeping hours (averaging once per month)</td>
<td>Successful evacuation of every occupant in a safe, orderly, controlled fashion</td>
<td>Provider and/or Consumer(s)</td>
<td>Drill log filed in home and made available to CMHOC Health and Safety Coordinator/other external reviewer(s) on request Verified annually by Site Review Team</td>
</tr>
<tr>
<td>Non-licensed setting with CMH consumer(s) in residence</td>
<td>As appropriate to ensure safety of client(s) as well as support staff as determined in PCP’s plan for ensuring safety</td>
<td>Successful evacuation of every occupant in a safe, orderly, controlled fashion</td>
<td>Provider and/or Consumer(s)</td>
<td>Informal record kept in home and CMHOC Health and Safety Coordinator consulted if results are unfavorable</td>
</tr>
</tbody>
</table>

*All Fire exit drills are to be conducted with the goals being order, safety, control, and efficiency*
<table>
<thead>
<tr>
<th>TYPE OF LOCATION</th>
<th>FREQUENCY OF COMPLETION</th>
<th>PERFORMANCE CRITERIA</th>
<th>PARTY RESPONSIBLE</th>
<th>DOCUMENTATION REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFC – Certified – License &lt; 4</td>
<td>• Immediately when change in consumer’s condition &lt;br&gt;• Within 30 days of admission</td>
<td>Level of Evacuation Difficulty &lt; 5.0</td>
<td>Home Provider &lt;br&gt;(following training with Health and Safety Coordinator)</td>
<td>Copy of scores: &lt;br&gt;Retained in home/verified by Site Review Team annually &lt;br&gt;Health and Safety Coordinator Supports Coordinator/Psychologist</td>
</tr>
<tr>
<td>AFC – Certified – License &gt; 3</td>
<td>• Immediately when change in consumer’s condition &lt;br&gt;• Within 30 days of admission Minimum of annually</td>
<td>Level of Evacuation Difficulty &lt; 5.0</td>
<td>Home Provider &lt;br&gt;(following training with Health and Safety Coordinator)</td>
<td>Copy of scores: &lt;br&gt;Retained in home/verified by Site Review Team annually &lt;br&gt;Health and Safety Coordinator Supports Coordinator/Psychologist</td>
</tr>
<tr>
<td>AFC – Non-certified, small group or family License &lt;12</td>
<td>• Upon request of provider/consumer/ &lt;br&gt;supports coordinator/other to provide assessment of evacuation capabilities</td>
<td>Level of Evacuation Difficulty &lt; 5.0</td>
<td>Home Provider &lt;br&gt;(assistance from Health and Safety Coordinator if needed)</td>
<td>Copy of scores: &lt;br&gt;Provider/verified by Site Review Team annually &lt;br&gt;Health and Safety Coordinator Supports Coordinator (if relevant for planning and protect safety)</td>
</tr>
<tr>
<td>Non-licensed setting with CMH consumer(s) in residence</td>
<td>• Within 30 days of first CMH &lt;br&gt;placement in residence in order to offer assessment of evacuation capabilities and thereafter &lt;br&gt;• Upon request of family/consumer/ CMH staff</td>
<td>Level of Evacuation Difficulty &lt; 5.0</td>
<td>Support Coordinator/Case Manager</td>
<td>Copy of scores: &lt;br&gt;Consumer &lt;br&gt;Health and Safety Coordinator Supports Coordinator (if relevant for planning and protect safety)</td>
</tr>
</tbody>
</table>
# Community Mental Health of Ottawa County
## FIRE SAFETY PROGRAM

### TRAINING IN FIRE SAFETY

<table>
<thead>
<tr>
<th>TYPE OF LOCATION</th>
<th>FREQUENCY OF COMPLETION</th>
<th>PERFORMANCE CRITERIA</th>
<th>PARTY RESPONSIBLE</th>
<th>DOCUMENTATION REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMH – DD Services</td>
<td>• Staff: @ orientation &amp; regular feedback thereafter&lt;br&gt;• Persons served @ time of drill and at special “Fire Safety” offerings</td>
<td>• Successful completion &amp; competencies&lt;br&gt;• Q&amp;A after drills</td>
<td>• Building Manager and/or Health and Safety Coordinator&lt;br&gt;• Training Center for orientation coordination</td>
<td>• Orientation completion to Training Center&lt;br&gt;• Drill results to Health and Safety Coordinator</td>
</tr>
<tr>
<td>CMH – Outpatient</td>
<td>• Staff: @ orientation &amp; regular feedback thereafter&lt;br&gt;• Person Served @ orientation &amp; time of drill</td>
<td>• Successful completion &amp; competencies&lt;br&gt;• Q&amp;A after drills</td>
<td>• Building Manager and/or Health and Safety Coordinator&lt;br&gt;• Clinical Program&lt;br&gt;• Training Center for orientation coordination</td>
<td>• Orientation completion to Training Center&lt;br&gt;• Drill results to Health and Safety Coordinator&lt;br&gt;• Consumer Orientation in Clinical Record</td>
</tr>
<tr>
<td>AFC – Certified – License &lt; 4</td>
<td>• Provider/Home manager trained as a trainer at time of certification application filing or prior to independent care of consumers&lt;br&gt;• Staff complete training prior to independent care of consumers</td>
<td>Successful completion of:&lt;br&gt;• E – Scores&lt;br&gt;• Emergency Preparedness Test&lt;br&gt;• Evacuation plan&lt;br&gt;• Fire Drill</td>
<td>• Provider to request training in LMS Emergency Preparedness Training.</td>
<td>• Competent completion of Emergency Preparedness Training.&lt;br&gt;• E-Scores filed in home &amp; CMH&lt;br&gt;• Training/E-Scores verified by site review team</td>
</tr>
<tr>
<td>AFC – Certified – License &gt; 3</td>
<td>• Provider/Home manager trained as a trainer prior to independent care of consumers&lt;br&gt;• Staff complete training prior to independent care of consumers</td>
<td>Successful completion of:&lt;br&gt;• E – Scores&lt;br&gt;• Emergency Preparedness Test&lt;br&gt;• Evacuation plan&lt;br&gt;• Fire Drill</td>
<td>• Provider to request training in LMS Emergency Preparedness Training.</td>
<td>• Competent completion of Emergency Preparedness Training.&lt;br&gt;• E-Scores filed in home &amp; CMH&lt;br&gt;• Training/E-Scores verified by site review team</td>
</tr>
<tr>
<td>AFC – Non-certified, small group or family License &lt;12</td>
<td>• Upon request of provider/consumer/supports coordinator/other to provide information regarding safety and fire prevention</td>
<td>Successful completion of online Emergency Preparedness training through CMHOC LMS.</td>
<td>• Provider (assistance from Health and Safety Coordinator if needed)</td>
<td>• Documentation of successful completion of Emergency Preparedness training filed at Training Center&lt;br&gt;• Training/E-Scores verified by site review team</td>
</tr>
<tr>
<td>Non-licensed setting with CMH consumer(s) in residence</td>
<td>• Upon request of consumer/family/supports coordinator or others for staff and/or consumer</td>
<td>Determined by completion of objective(s) as defined by referring party</td>
<td>• Supports Coordinator/Case Manager</td>
<td>• Determined by the referral source</td>
</tr>
</tbody>
</table>
# Community Mental Health of Ottawa County
## FIRE SAFETY PROGRAM

<table>
<thead>
<tr>
<th>TYPE OF LOCATION</th>
<th>MINIMUM REQUIRED EQUIPMENT</th>
<th>MAINTENANCE CRITERIA</th>
<th>PARTY RESPONSIBLE</th>
<th>DOCUMENTATION REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFC – Certified – License &lt; 4</strong></td>
<td>Fire extinguishers, interconnected smoke detectors with battery back up</td>
<td>Annual review of smoke detection system by licensed electrician</td>
<td>Provider</td>
<td>Documentation maintained in home Verified by Site Review Team</td>
</tr>
<tr>
<td><strong>AFC – Certified – License &gt; 3</strong></td>
<td>Fire extinguishers, interconnected smoke detectors with battery back up</td>
<td>Annual review of smoke detection system by licensed electrician</td>
<td>Provider</td>
<td>Documentation maintained in home Verified by Site Review Team</td>
</tr>
<tr>
<td><strong>AFC – Non-certified, small group or family License &lt;12</strong></td>
<td>Fire extinguishers, smoke detection system commensurate with relevant AFC licensing rules</td>
<td>As required by relevant AFC licensing rules</td>
<td>Provider</td>
<td>Documentation maintained in home Verified by Site Review Team</td>
</tr>
<tr>
<td><strong>Non-licensed setting with CMH consumer(s) in residence</strong></td>
<td>As appropriate to ensure safety of client(s) as well as support staff as determined by PCP’s plan for ensuring safety</td>
<td>As indicated in the PCP to ensure continued performance of safety equipment</td>
<td>Provider and/or Consumer(s)</td>
<td>As required in the PCP to document safety is assured</td>
</tr>
</tbody>
</table>

**ALL COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY SITES**

- Fire extinguishers on every occupied floor near each exit
- Sufficient exits that will remain unobstructed during working hours and be identified with exit signs

1. Monthly visual inspection
2. For fire extinguishers: Annual testing of portable fire extinguishers and appropriate maintenance

1a. Ottawa County Facilities & Maintenance
1b. Building Mgr/ Designee
2. Act 144 Certified Provider such as Fire-Fighter Sales and Services

**CMH of Ottawa County 12263 James St., Holland**

- Integrated fire system with control panel
- Automatic audible alarms
- Manual pull stations
- Heat detectors
- Smoke detectors

1. Visual inspection & alarm monitoring
2. Annual preventative maintenance of fire alarms, fire detection systems, and sprinkler systems according to manufacturer’s instructions

1a. Ottawa County Facilities & Maintenance
1b. Building Mgr/ Designee
2. Act 144 Certified Provider such as Fire-Fighter Sales and Services

**CMH of Ottawa County 12265 James St., Holland**

- Integrated fire system with control panel
- Automatic audible alarms
- Manual pull stations
- Smoke Detectors

**CMH of Ottawa County 1111 Fulton St., Grand Haven**

- Heat activated sprinkler system
- Control panel
- Automatic audible alarms
- Smoke detector above control panel

1. Work order at Fac/ Maintenance Dept. & forwarded upon request to Health and Safety Coordinator
1b. Checklist filed in QI Unit
2. Report filed at Fac/ Maintenance Dept. & forwarded to Health and Safety Coordinator upon request
## Community Mental Health of Ottawa County
### FIRE SAFETY PROGRAM

<table>
<thead>
<tr>
<th>DOCUMENT NAME</th>
<th>FREQUENCY OF COMPLETION</th>
<th>PROGRAMS REQUIRED TO SUBMIT</th>
<th>PARTY RESPONSIBLE</th>
<th>TIMELINESS REQUIREMENT</th>
</tr>
</thead>
</table>
| **Fire and/or Smoke Emergency Incident Summary** | Whenever building is evacuated due to environmental concern (e.g. Fire, smoke, carbon monoxide) | • All Residential Providers with CMHOC contract  
• RTC’s directly operated by CMHOC | • Person designated by provider  
• Unlicensed settings may submit for consultation | • Submitted to Health and Safety Coordinator within 5 calendar days of evacuation |
| **CMHOC Emergency Plan Test Evaluation form** | Whenever building is evacuated due to environmental concern (e.g. Fire, smoke, carbon monoxide) | • All CMHOC directly operated programs | • CMHOC Building Manager | • Submitted to Health and Safety Coordinator within 5 calendar days of evacuation |
| **Incident Reports (CMHOC-070)** | Whenever there is an unusual occurrence involving one or more consumers | • All Residential Providers with CMHOC contract  
• All CMHOC directly operated programs | • All Residential Providers with CMHOC contract and their respite staff who are involved in, witness, or are aware of the incident  
• All CMHOC staff involved in, witness, or aware of the incident | • Submit to case manager within 24 hours |

**DOCUMENTATION REGARDING FIRE SAFETY/EMERGENCIES**

Unless Otherwise Noted, these documents are to be submitted by ALL CMHOC PROGRAMS AND ALL CONTRACTUAL RESIDENTIAL PROVIDERS
COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

EMERGENCY PLAN TEST EVALUATION

Emergency Plan Tested *
☐ Fire (requires evacuation) ☐ Bomb Threat
☐ Power Failure ☐ Medical Emergency
☐ Violent/ Threatening Situation: ☐ Aggressive behavior ☐ Explosion ☐ Terrorism ☐ Use of weapon
☐ Natural Disaster: ☐ tornado ☐ severe rain ☐ flood ☐ blizzard ☐ ice storm ☐ snow storm

Location
☐ 12265 James, Holland (A1) ☐ daytime ☐ evening ☐ Fulton St., Grand Haven ☐ daytime
☐ 12263 James, Holland (B3)

Date/Time: ____ / ____ / 20____ am _______ pm

Reviewer: ____________________________

Criteria to be Met – All Tests

<table>
<thead>
<tr>
<th>Objective</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All objectives met and recorded on page 2 of this form</td>
<td></td>
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<tr>
<td>Response was initiated immediately (without delay of any sort)</td>
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<tr>
<td>Equipment functioned properly (e.g. alarms, first aid kits, emergency lights, automatic doors)</td>
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<tr>
<td>Necessary resources (equipment as well as personnel) were available?</td>
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<tr>
<td>911 contacted (or such contact simulated)?</td>
<td></td>
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<tr>
<td>- Specific information regarding incident provided (e.g. name, address, injuries, number of individuals involved, damage and extent of damage)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>- Caller remained on line until operator disconnects</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Everyone participated without sustaining any injury?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Proper procedures were followed?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

SUMMARY OF TEST SITUATION:

RECOMMENDATIONS FOR IMPROVEMENT:

ADDITIONAL ISSUES ADDRESSED: Review and clarify when needed. If further training is needed, please “recommend”.

<table>
<thead>
<tr>
<th>Question</th>
<th>Completed</th>
<th>Recommended</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did each individual understand their role and responsibilities?</td>
<td></td>
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<tr>
<td>Did participants have the necessary information about threats, hazards, and protective actions?</td>
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<tr>
<td>Did notification, warning, and communication procedures function?</td>
<td></td>
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<tr>
<td>Were there adequate means available for locating family members?</td>
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<tr>
<td>Was temporary shelter available?</td>
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<tr>
<td>Would essential services be able to continue despite emergency?</td>
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<tr>
<td>Was there immediate access to first aid expertise &amp; supplies?</td>
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</tbody>
</table>

FIRE Test Objectives: Building occupants MUST evacuate during test

* If a “table top” drill was conducted, please utilize “sign in” sheet on page 3.
COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

EMERGENCY PLAN TEST EVALUATION

☐ Building occupants notified immediately of fire danger
☐ All persons to be evacuated in less than 5 minutes
☐ Evacuation time = ______________
☐ No obstacles to be encountered during evacuation
☐ All occupants to meet at designated location
☐ All occupants accounted for once outdoors
☐ No injuries sustained during evacuation
☐ All clear procedure utilized (no reentry into building until cleared)
☐ Other(s):

POWER FAILURE Test Objectives:
☐ Precautions taken immediately to secure the environment
☐ Arrangements made to protect health, safety, and comfort of all occupants
☐ Emergency lighting available and operational
☐ Other(s):

VIOLENT/ THREATENING SITUATION Test Objectives:
☐ Building occupants notified of emergency (using panic button where available)
☐ Noninvolved visitors moved from area of the crisis
☐ Trained staff attempt to de-escalate the situation
☐ Safety maintained until the situation is diffused or help arrives
☐ Other(s):

NATURAL DISASTER Test Objectives:
☐ Designated shelter areas used
☐ Battery operated radio available and working
☐ Emergency lighting available and operational
☐ Visitors escorted to shelter areas and comfort offered
☐ Other(s):

BOMB THREAT Test Objectives:
☐ Bomb threat checklist available, posted, and utilized
☐ Other(s):

MEDICAL EMERGENCY Test Objectives:
☐ Area is secured and potential dangers removed
☐ Victim is comforted; do not move unless immediate danger is present
☐ Staff is sent outdoors to direct rescue personnel
☐ Trained personnel administer first aid/ CPR
☐ Emergency contact(s) readily available and notified
☐ Other(s):

* If a “table top” drill was conducted, please utilize “sign in” sheet on page 3.
Use this page during **TABLE TOP DRILLS ONLY**.

**ASK PARTICIPANTS TO SIGN IN BELOW.**

<table>
<thead>
<tr>
<th>NAME/SIGNATURE</th>
<th>ROLE/ FUNCTION</th>
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</thead>
<tbody>
<tr>
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