

# Evaluation For Tornado/Severe Weather Compliance Training Form

 **EVALUATION FOR TORNADO/SEVERE WEATHER COMPLIANCE TRAINING**

Date of drill: \_\_\_\_\_

Person conducting the drill: \_\_\_\_\_

Site: \_\_\_\_\_

Time Started: \_\_\_\_\_ am/pm      Time Ended: \_\_\_\_\_ am/pm

Time it took to evacuate to designated area: \_\_\_\_\_

Weather conditions outside during the drill: \_\_\_\_\_

Items of concern: \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Are there adequate safe areas?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are the rooms clutter free?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are employees taking the quickest routes?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did the communication system function as needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Were there adequate flashlights?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Corrective actions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff suggestions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
Date

Submit to The Safety & Compliance Manager upon completion