

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? Yes No
- Are the rooms clutter free? Yes No
- Are employees taking the quickest routes? Yes No
- Did the communication system function as needed? Yes No
- Were there adequate flashlights? Yes No

Corrective actions: _____

Staff suggestions: _____

Name of person completing form

Date

Submit to The Safety & Compliance Manager upon completion