

# 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