# Evaluation For Tornado/Severe Weather Compliance Training Form

SCS
S.C. SWIDERSKI LLC

# 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

Revision #3
Created 2023-04-19 14:58:11 UTC
Updated 2024-05-14 19:48:13 UTC by Dale Bergman