

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