

900 W Norfolk Ave. Ste 200
Norfolk, NE 68701



Phone: 402-379-0270
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EMERGENCY EVACUATION REPORTING FORM

FOSTER HOME: _____

ADDRESS: _____

DATE OF DRILL: _____

TIME OF DRILL: _____ AM PM

TYPE OF DRILL: Fire Tornado (Only during months of April-October)

Smoke Detectors Tested Date: _____ Batteries replaced: Yes No

PARTICIPANTS:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TIME REQUIRED TO EVACUTE THE BUILDING: _____ Minutes _____ Seconds

WAS THE EVACUATION PLAN FOLLOWED? Yes No

SMOKE DETECTORS CHECKED AND IN WORKING ORDER? Yes No

FOSTER PARENT'S SIGNATURE: _____

DATE: _____