

Tornado Drill Report

Address: _____

Date of Drill: _____

Time of Drill: _____ AM/PM

PARTICIPANTS:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Time Used: _____

Were the following items taken to the designated safe area: Flashlight, portable radio, etc.? _____

Were windows/doors closed in living space? _____

Comments: (i.e. any problems encountered with consumers, weather conditions, etc.)

Staff Name/Signature

Title