

# INSCO RECORD OF EVACUATION DRILLS

FACILITY LOCATION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Month	Person Conducting Drill	Notification Method Used	Staff Members on Duty	No. of Occupants Evacuated	Special Conditions Simulated	Problems Encountered	Weather Condition	Time Required to accomplish complete evacuation
Jan.								
Feb.								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Principle or Person in Charge (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ am/pm