

Appendix C

EMERGENCY DRILL FORM

Supervisor, Injured Employee, and Witness complete a separate Statement Form

Please check appropriate box:

- Fire Drill Hazardous Materials Drill Tornado Active Shooter
 Bomb Threat Inclement Weather Power Outage

Name of Building: _____

Date of Drill: _____

Description of Event: **Describe in detail exactly what happened, include: task(s) and procedure(s) being performed, and a timeline of events.**

List any revisions to Fire Drill procedures as applicable:

Name (Printed): _____

Signature: _____ Date: _____

**Supervisors complete form and immediately fax to EHS (304) 293-7257 or mail:
Environmental Health and Safety Injury/Illness Prevention Program, PO Box 6551,
Morgantown, WV 26506**