Tornado Drill
Evaluation Checklist

Date: March 3, 2015          Time: 1:30-1:45pm

Purpose: To ensure that everyone on campus knows the procedures and locations for sheltering.

Directions:
➢ As you observe the drill, please answer or make notes for each of the items listed below.
➢ Where comments are needed, please take the time to provide details.
➢ Your feedback is necessary for evaluating our campus evacuation plan.

Your Name: ___________________________  Building: ___________________________
Area of Assignment: ________________________  Shelter Location: ________________________
Observed: ________________________________

Evacuation Procedures and Behaviors

1) Did you receive the alert promptly at 1:30?  _____Yes  _____No

2) Via what medium did you receive it first?
   _____ Text Message  _____ Message Board
   _____ Siren Alert  _____ Other – please specify: ______________________________

3) What did you do to assist in the evacuation? Please be specific.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4) Did all building occupants participate?  _____Yes  _____No

   If no, please list what room(s), office(s), or individual(s) did not participate.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
5) Were there people with disabilities who needed assistance getting to shelter? _____Yes _____No
If yes, please detail any problems encountered.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

6) Did you have personnel in the building who did not know their shelter location? _____Yes _____No
If yes, please give details.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

7) What problems, if any, did you encounter in moving everyone to the shelter? Please be specific.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

8) Were the shelter areas large enough to accommodate evacuees? _____Yes _____No

9) In your shelter, did you receive the all clear message promptly at 1:45pm? _____Yes _____No

10) Via what medium did you receive the all clear? ____________________________________________

Additional Comments: ________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please return this evaluation form to Shelly Kellogg, Human Resources, Box 15 or email to shelly.kellogg@wichita.edu. Forms are due back by March 10th.