

900 West Norfolk Avenue
Norfolk, NE 68701



BEHAVIORAL HEALTH
SPECIALISTS, INC.

YOUTH AND FAMILY SERVICES

Phone: 402-370-3140
Fax: 402-370-3373

EMERGENCY EVACUATION REPORTING FORM

TFC HOME: _____

ADDRESS: _____

DATE OF DRILL: _____

TIME OF DRILL: _____ AM PM

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

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: _____