**Post-Emergency/Post-Test Review Form**

Type of Emergency Date

Location

Action Taken:

 Shelter 🞏 Location

 Evacuation 🞏 Location

 Go-Home 🞏 Time Activated Completed

 Other

Emergency Response Team Reviewers: Incident Report Completed:

 Yes 🞏 No 🞏

1. Name
2. Name
3. Name
4. Name
5. Name

Deficiencies Noted:

Actions to be Taken:

Necessary Notifications:

Follow-up Necessary: 🞏 Yes 🞏 No

# Signature of School Building Principal (IC) Date \_\_\_\_\_\_\_\_\_\_\_\_\_