



Emergency Plan Review Form

Pursuant to Chapter 45 of the Department of Health’s Medicaid Rules, a review of emergency plans must be conducted on each shift annually. Additionally, an evacuation drill must be completed annually, on each shift, as part of the emergency plan review for fires. Please complete a separate form for each review conducted.

- Fire
- Bomb threat
- Power and other utility failures
- Medical emergencies
- Missing person
- Provider incapacity
- Staffing shortages
- Violent/Threatening Situations
- Vehicle Emergency
- Wildfires
- Earthquake
- Blizzards
- Floods
- Tornadoes

Provider Name: _____

Date of Plan Review: ____/____/____ Time: _____ AM PM

Location of Review: _____

Full evacuation completed? Yes No

Staff/Participants involved in the review

Concerns noted during the review? Yes No

List Concerns

Follow up actions taken? Yes No If yes, by whom? _____

List Follow up actions

Printed name of Staff conducting review: _____

Staff Signature: _____

Date: _____