Emergency Plan Review Form

Pursuant to Chapter 45 of the Department of Health’s Medicaid Rules, an annual review of emergency plans must be conducted for each setting on each shift. 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
- Provider incapacity
- Vehicle Emergency
- Wildfires
- Earthquake
- Blizzards
- Floods
- Tornadoes
- Contingency plan

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: ____________________________