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
- Medical emergencies
- Bomb threat
- Missing person
- Violent/Threatening Situations
- Power and other utility failures
- Earthquake
- Blizzards
- Contingency plan
- Medical emergencies
- Provider incapacity
- Vehicle Emergency
- Wildfires
- Earthquake
- Floods
- Violent/Threatening Situations
- 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 member conducting review: ____________________________

Staff Signature: ____________________________

Date: ____________________________