

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. It is also suggested that drills are performed for all other emergency categories.

Please complete a separate form for each review conducted.

- | | | | |
|---|--|---|------------------------------------|
| <input type="checkbox"/> Fire with Evacuation | <input type="checkbox"/> Missing Person | <input type="checkbox"/> Contingency Plan | <input type="checkbox"/> Tornadoes |
| <input type="checkbox"/> Medical Emergencies | <input type="checkbox"/> Provider Incapacity | <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Floods |
| <input type="checkbox"/> Staffing Shortages | <input type="checkbox"/> Vehicle Emergency | <input type="checkbox"/> Wildfires | |
| <input type="checkbox"/> Power & Other Utility Failures | <input type="checkbox"/> Violent or Threatening Situations | <input type="checkbox"/> Earthquake | <input type="checkbox"/> Blizzards |

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: _____