

CHURCH



SAFETY SABBATH DRILL EVALUATION FORM

12501 Old Columbia Pike - Silver Spring, MD 20904 | www.adventistrisk.org

DATE

Questions about safety or risk control? Contact us at info@AdventistRisk.org

STREET ADDRESS		'	INSPECTOR			
CITY, STATE, ZIP			INSPECTOR'S TITLE			
NAME OF DRILL DA	TE OF DRILL			DATE OF NEXT E	MERGENCY DRILL	
BEFORE THE DRILL						
CHECKLIST	YES	NO	NOTES /	RECOMMENDATI	ONS	
1. Church has a Safety Officer.	YES	NO				
2. Church has an Emergency Response team.	YES	NO				
3. Church was inspected before Safety Sabbath drill.	YES	NO				
4. Congregation was informed the drill would take place before and on the day of the drill.	YES	NO				
5. Congregation was prepared to respond during the drill through educational resources provided by the church. If yes, what resources were used?	YES	NO				
> AFTER THE DRILL						
CHECKLIST	YES	NO	NOTES /	RECOMMENDATI	ONS	
 The Emergency Response team responded appropriately to the situation with everyone following their assigned roles. If no, what are some suggestions for improvement? 	YES	NO				
The congregation followed the instructions given by church leadership and the Emergency Response team and responded to the drill appropriately.	YES	NO				
3. Those who needed assistance during the drill had additional support. If no, how will your church correct this?	YES	NO				
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4. (If Applicable) Congregation evacuated facility in the appropriate amount of time for facility and congregation's size. If no, what are some suggestions to improve evacuation time?	YES	NO ION TIME:				