

Staff Notification and Assembly Drill

Form Approved

OMB Approval No. 0920-xxxx

Expiration Date: xx/xx/xxxx

Drill information

- a. Date and time first person notified
- b. Date and time last person acknowledged notification
- c. Extent of advanced notification (full, partial, none)
- d. Incident management roles (or equivalent lead roles) activated (Select all that apply)
- e. Target time for assembly (in minutes)
- f. Type of staff assembly (call down only – no assembly, physical, virtual, both)
- g. Date/time last person assembled
- h. Total number of staff who assembled
- i. Total number of staff who assembled within target time period