**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