Photocopy Locally As Needed
Form 4059 A (7 13)

ANNUAL EMERGENCY RESPONSE DRILL

_____ Correctional Facility

Date: _____ Shift: _____ Location/Building:_____

Time drill began: _____ Arrival time of responders: _____ Time drill ended: _____

All Employees Involved by Name and Title (use additional sheets if necessary):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Annual Drill Requirement: In accordance with Directive #4059, "Response to Heath Care Emergencies," this annual drill is being conducted to ensure that staff are able to respond to a health care emergency anywhere in a facility within **three minutes of being notified.** Each facility shall conduct an annual emergency response drill on **each tour**. Assigned personnel shall document all activities related to the conduct of the drill, including response time, and the results shall be critiqued by the facility Superintendent and Facility Health Services Director. Personnel conducting the drill shall record training credits on Form #RTF-SLMS.

Check box to indicate RTF- SLMS form was completed ☐

Comments/Problems: _____

_____

_____

_____

_____

_____

_____ _____
Fire/Safety Officer - Nurse Administrator Date

_____ _____
Facility Health Services Director Signature Date

_____ _____
Superintendent Signature Date

CC: Superintendent
Accreditation Office (Standard 4-4389 file)
Deputy Commissioner for Correctional Facilities
Deputy Commissioner/Chief Medical Officer