**Emergency rehearsals register**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Date** | **Risk assessment**  | **Emergency Type** | **Drill called by** | **Action required** | **Action completed** |
| **Mon** |  |  |  |  |  |  |
| **Tues** |  |  |  |  |  |  |
| **Wed** |  |  |  |  |  |  |
| **Thurs** |  |  |  |  |  |  |
| **Fri** |  |  |  |  |  |  |

**Bi-monthly emergency drills** Jan – Feb 20\_\_ Mar-Apr 20\_\_ May-Jun 20\_\_ Jul-Aug 20\_\_ Sep-Oct 20\_\_ Nov-Dec 20\_\_

|  |  |
| --- | --- |
| **To be checked - Reg 97**   **Emergency and evacuation procedures checklist (please note $2000 penalties)** | **Yes/No** |
| Is there a **risk assessment** which identifies all potential emergencies including those rehearsed? |  |
| **Do we comply -** Are emergency and evacuation procedures **rehearsed every 3 months** by the staff, responsible person, volunteers and children present at the service on the day of the rehearsal? |  |
| Are the rehearsals documented and rehearsal checklist attached? |  |
| Were the emergency and evacuation procedures/instructions at all exit doors? |  |
| Was there an emergency and evacuation floor plan at all exit doors? |  |

Nominated Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Auditor/Approved Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_