



LINCOLN-LANCASTER COUNTY EMERGENCY MANAGEMENT
STATEWIDE SEVERE WEATHER/TORNADO DRILL
PARTICIPATION REPORT
Drill Date: Wed, Mar 29, 2017

FACILITY/DEPARTMENT/LOCATION of DRILL _____

PURPOSE:

Relocate employees/clients/patients/visitors/members of the public to a safe location during a National Weather Service (NWS) severe weather warning.

PROCESS:

Designated staff will monitor weather conditions on NOAA Weather Radio/AM-FM Radio/ Computer Notification/Smartphone Application & activate the severe weather shelter plan when prompted.

PROCEDURE:

Upon notification from the NWS of a **severe weather warning** employees will do the following:

- When the warning is issued, designated staff will initiate the relocation order pursuant to the facility's severe weather plan.
- Employees will relocate to the designated severe weather relocation/shelter area.
- Employees responsible for patients/clients/visitors/public will escort them to the relocation area (when & where applicable).
- Employees will notify their supervisor when successfully relocated.
- Employees will remain in the shelter area until the warning expires or the 'all clear' is sounded.

REPORT

1. Did this location participate in the relocation drill? **Yes** _____ **No** _____
If so, did supervisors and managers participate? **Yes** _____ **No** _____
2. Number of employees who participated: _____
3. Number of others (patients/clients/visitors/public) who participated: _____
4. If this location has a **NOAA Weather Radio**, did the radio alarm activate at the warning time?
 Yes _____ **No** _____ **N/A (No Radio)** _____
5. Did all employees receive timely notification of the **severe weather warning**? **Yes** _____ **No** _____
6. If not, what can be done to ensure timely notification?

7. Is there a **severe weather kit** in the relocation area? **Yes** _____ **No** _____
8. If yes, is the kit properly stocked? **Yes** _____ **No** _____
Are any items outdated and need to be replaced? If so please list them:

Name of Reporting Person _____ **Title** _____

E-Mail _____

*** Return completed forms to: jdavidsaver@lanaster.ne.gov ***