



**LINCOLN-LANCASTER COUNTY EMERGENCY MANAGEMENT**  
**STATEWIDE SEVERE WEATHER/TORNADO DRILL**  
**PARTICIPATION REPORT FOR GENERAL USE**  
**Drill Date: Wed, Mar 27, 2019, 10:00am CST**

**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 App and 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- Are any items outdated and need to be replaced?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](mailto:jdavidsaver@lanaster.ne.gov) \*\*\*