

VCUHS DEPARTMENT DISASTER DRILL EVALUATION FORM

Name of Department: _____

1. When were you notified of the disaster drill? _____

2. Was a copy of the VCUHS Plan for External Disasters available in your department?

Yes _____ No _____

3. Does your department/division/service/unit have a recall responsibility?

Yes _____ No _____

a. Is recall list up-to-date? Yes _____ No _____

b. What is the number of staff you would require to meet your department's role in this Disaster Drill? _____

4. Complete the following response form for your department/division/service/unit. Provide the following information, such as total number of phone numbers available, based on total number of employees.

No. of Phone #s Available	<i>First Call Attempt</i>		<i>Second Call Attempt</i>		Average ETA
	Able To Reach	Unable To Reach	Able To Reach	Unable To Reach	
_____	_____	_____	_____	_____	_____

Comments: _____

5. Given the circumstances of this drill, what are the responsibilities of your department?

List: _____

Department Representative Completing Form: _____

Note: Fax the completed form to the Hospital Command Center 643-1242 during the drill or to Carleen Penny, 828-0652, after the drill.