Ohio | Department of Mental Health

# Evacuation Drill Tally Sheet

| Facility Name: | License Number: |
|---|---|
| Address: | |

| Date | Start Time | End Time | 1st Shift | 2nd Shift | 3rd Shift | Initials |
|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | ☐ | |
| Notes: | | | | | | |

| Date | Start Time | End Time | 1st Shift | 2nd Shift | 3rd Shift | Initials |
|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | ☐ | |
| Notes: | | | | | | |

| Date | Start Time | End Time | 1st Shift | 2nd Shift | 3rd Shift | Initials |
|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | ☐ | |
| Notes: | | | | | | |

| Date | Start Time | End Time | 1st Shift | 2nd Shift | 3rd Shift | Initials |
|---|---|---|---|---|---|---|
| | | | ☐ | ☐ | ☐ | |
| Notes: | | | | | | |

**Please keep this sheet on file for ODMH review.**

**Review Completed By:** _____ **Date:** _____