

Facility Elopement Drill

Date _____

Time Drill Started _____

Time Drill Ended _____

Summary of Drill

Results of Drill

Rooms/Common Areas Searched Primary Dr notified

Immediate Neighborhood Searched Contact Person Notified

Regular Incident report done Incident noted in resident file

Was incident determined to be an Elopement? Y N

If Yes was 911 called? Y N

Was Adverse Incident Report done? Y N

Signature's of all participating staff in drill
