SPECTRUM COMMUNITY SERVICES

EMERGENCY PROCEDURE TRAINING

COMPLETE ON A MONTHLY BASIS

CHECK THOSE THAT APPLY: You must complete a fire drill quarterly.

FIRE DRILL: _____	**SEVERE WEATHER: _____**
SERIOUS ACCIDENT/ILLNESS/1st AID: _____	**MISSING PERSON: _____**
ASSAULTS/INTRUDERS: _____	**GENERAL SAFETY: _____**
MANE: _____	**HEALTH & SAFETY**
DIET & NUTRITION: _____	**PLAN REVIEW: _____**

Date: _____

Client Name: _____

Training Provided (follow procedure in Health & Safety Plan): _____

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Client Signature: _____

Provider Signature: _____