ASF

Accréditation Sans Frontières

Mock Drill Report Templates

Fire · Medical Emergency · Missing or Abducted Person

September 2026 · 1st Edition · ASF-EPR-002-01

Foreword

This is the 1st Edition of the ASF Mock Drill Report Templates, issued September 2026, document code ASF-EPR-002-01. It gives every facility a structured, fill-in report format for the three emergency drills most commonly required across ASF's seven facility types: Fire, Medical Emergency (Cardiac/Respiratory Arrest), and Missing or Abducted Person.

A drill that produces no written record did not happen, for accreditation purposes. Policy 17 (Safety, Security and Duty of Care) and the Emergency Preparedness section of the Readiness Checklists both assume a drill produces exactly the kind of report this document provides a template for.

These templates do not replace a facility's own emergency response plan — they are the record-keeping instrument that proves the plan was actually tested.

1.0 Why a Written Drill Report Matters

- It is the only evidence a Monitor can verify against Standard criteria on emergency preparedness — a verbal account that everyone knew what to do carries no weight without it.
- It creates a paper trail of gaps found and closed, which is the entire point of drilling: finding the weakness before a real emergency does.
- It protects staff and the facility: a documented, regularly drilled response is the strongest evidence of due diligence if a real incident is later reviewed.
- A drill with no gaps recorded is a suspicious drill, not a successful one. Reviewers should expect to see at least one finding on almost every report.

2.0 General Requirements for Any Drill

- Frequency: each of the three drill types below at least once per 12-month cycle, unannounced where the facility's risk profile allows it.
- A named Drill Coordinator runs the exercise and is not the same person being tested in the primary responder role that drill exercises.
- Every drill produces a completed report within 48 hours — not weeks later from memory.
- Every finding gets a named owner and a closure date, tracked the same way a self-assessment gap is tracked.
- A drill that reveals a Non-Negotiable safety gap is escalated immediately, not held for the next quarterly report.

3.0 Template A — Fire Emergency Drill

Drill Information

- Date / Time / Duration of drill: _____
- Announced or unannounced: _____
- Location/unit simulated: _____
- Drill Coordinator (name, role): _____
- Number of staff participating: _____

Roles Activated

Role	Assigned to (name)	Activated within target time?
Incident Commander (senior staff on duty)		
Evacuation Lead (per zone/unit)		
Fire Panel/Alarm Response		
Patient/Resident Mobility Support		
External Liaison (calls fire service)		

Timeline

- Alarm activated: _____
- Incident Commander on scene: _____
- Evacuation/containment initiated: _____
- All-clear / stand-down declared: _____
- Total elapsed time, alarm to all-clear: _____

Observation Checklist

- Alarm was audible in every area tested (patient rooms, storage, outdoor areas)
- Nearest extinguisher/hose reel was correctly identified by at least one staff member without prompting
- Evacuation routes were unobstructed and exit signage was visible
- Non-ambulatory patients/residents had a documented, workable mobility plan that was actually followed
- Fire doors closed correctly and were not found propped open
- Headcount at the assembly point was completed and reconciled against expected occupancy

Findings and Corrective Actions

Finding	Owner	Target closure date	Closed (date)

Sign-Off

- Drill Coordinator signature / date: _____
- Facility senior leadership acknowledgement / date: _____

4.0 Template B — Medical Emergency Drill (Cardiac/Respiratory Arrest)

Drill Information

- Date / Time / Duration of drill: _____
- Announced or unannounced: _____
- Simulated patient location: _____
- Drill Coordinator (name, role): _____

Roles Activated

Role	Assigned to (name)	Activated within target time?
First responder (discovers/calls for help)		
Code Team Leader		
Airway/Compressions		
Medication/Crash Cart		
Family/Visitor Liaison		
Documentation (timekeeper)		

Timeline

- Emergency identified / called: _____
- First responder at scene: _____
- Code team/crash cart arrival: _____
- First intervention delivered (compressions/airway/medication): _____
- Drill concluded (debrief begins): _____
- Total elapsed time, call to first intervention: _____ (target: under 3 minutes for an in-facility response)

Observation Checklist

- Crash cart was fully stocked and unlocked/accessible without delay
- Defibrillator (if applicable) was charged and functional, pads within expiry
- All participating staff knew the correct internal emergency call code or number without checking a poster
- Roles were assumed without confusion about who was leading
- A clear point of contact was assigned to manage family or nearby patients/visitors
- Medication doses called out were verified aloud by a second person before administration (simulated)

Findings and Corrective Actions

Finding	Owner	Target closure date	Closed (date)

Sign-Off

- Drill Coordinator signature / date: _____
- Clinical lead acknowledgement / date: _____

5.0 Template C — Missing or Abducted Person Drill

Relevant primarily to Hospital, LTC, and Fitness & Wellness facility types where infants, children, or cognitively impaired residents may be present; adapt the scope note below to the facility's actual population.

Drill Information

- Date / Time / Duration of drill: _____
- Population simulated (infant / minor / resident with cognitive impairment): _____
- Announced or unannounced: _____
- Drill Coordinator (name, role): _____

Roles Activated

Role	Assigned to (name)	Activated within target time?
Reporting staff member		
Incident Commander		
Exit/Perimeter Lockdown Lead		
Search Team(s)		
External Liaison (calls police, if real)		
Family Communication Lead		

Timeline

- Absence discovered/reported: _____
- Facility-wide alert issued: _____
- Exits/perimeter secured: _____
- Search commenced: _____
- Drill concluded (person located / drill ended): _____
- Total elapsed time, report to lockdown: _____ (target: under 5 minutes)

Observation Checklist

- All staff on shift recognised the facility's internal alert code or phrase without needing it explained
- Exits could actually be monitored or secured within the target time — not just in theory
- A physical description/last-known-location process existed and was followed, not improvised
- Search covered areas outside the obvious (stairwells, storage, external grounds), not only patient areas
- A single point of contact managed family communication, preventing multiple conflicting messages
- The facility's threshold for calling external authorities was clear to staff and was respected in the drill

Findings and Corrective Actions

Finding	Owner	Target closure date	Closed (date)

Sign-Off

- Drill Coordinator signature / date: _____
- Facility senior leadership acknowledgement / date: _____

6.0 After the Drill

- File the completed report with the facility's Coordinator as part of the evidence file for the relevant Safety & Emergency Preparedness criteria.
- Any finding that reveals a Non-Negotiable gap is reported to ASF immediately, following the same escalation path as a real incident under Policy 14.

- Repeat findings across two consecutive drills of the same type are treated as a systemic gap, not a one-off, and should be reflected in the facility's Improvement Plan.
- A debrief with all participants, however short, should happen the same day — memory of what actually happened fades within hours.