

Continuity Test Record

Form | FAC-FRM-003

Document type	Form
Title	Continuity Test Record
Document ID	{{facility.code}}-FAC-FRM-003
Version and status	1.1 Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 2C, criterion 2C.7
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records each test of the climate and health emergency continuity plan, the gaps found and the actions.

1. How to complete

- Record the date, type of test and participants.
- Record each step tested and its result.
- Record each gap, owner and date to close.

2. Record

Date	Test type	Hazard scenario	Participants	Steps tested	Result	Gap found	Action and owner	Closed (date)

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	ASF Expert Committee consensus. Test scenarios to be agreed.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Approved by the ASF Expert Committee
1.1	{{document.effective_date}}	Internal quality review: corrected cross-references, status wording and document control	Approved by the ASF Expert Committee