## My Place Family Day Care Evacuation / Lock Down Record

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## Educators MUST practice 1 of each drill every 3 months.

Educator Name:			Date:
Address:		Evacuation Drill	Lock Down Drill 🔲
Children:	Age: Is the child walking: Y/N (if no: Action Required)		
Additional Occupants:			
Evaluation:			
Were stairs used? YES NO If Yes: how did children arrive at meeting point?			
Was additional equipment needed? YES NO If Yes, What?			
Where is this stored? (Remembering you may need multiples of this equipment)			
Exit used for evacuation:	:	Room used for loc	kdown:
What occurred?			
Future improvements/Reflection – eg: What would I change next time?			
Program week beginning:			
Educator signature: Coordinator signature:			

## Please keep a copy for your records