

Emergency Event Reporting Form

Person Completing Form and Title:		Date:	
Time event started:		Time event concluded:	
Location / building (be specific):			
Type of Event:		Weather Conditions:	
<input type="checkbox"/> Dangerous Animal: _____ <input type="checkbox"/> Non-Dangerous Animal: _____ <input type="checkbox"/> Fire <input type="checkbox"/> Evacuation <input type="checkbox"/> Medical Emergency (injury) <input type="checkbox"/> Alpha (Employee) <input type="checkbox"/> Guest <input type="checkbox"/> Earthquake <input type="checkbox"/> Weather Event: _____ <input type="checkbox"/> Other: _____		<input type="checkbox"/> Clear / Sunny <input type="checkbox"/> Partly cloudy <input type="checkbox"/> Cloudy (overcast) <input type="checkbox"/> Raining <input type="checkbox"/> Windy <input type="checkbox"/> Rain and wind <input type="checkbox"/> Hail <input type="checkbox"/> Snow / Sleet Temperature: _____ °F	
Situation at Start of Drill:			
<input type="checkbox"/> Before hours (prior to opening) <input type="checkbox"/> During business hours (Open) <input type="checkbox"/> After business hours (Closed) <input type="checkbox"/> During evening event (list event): _____ <input type="checkbox"/> Other: _____			
Participants: (check all that apply)		Notification / Alert Method:	
<input type="checkbox"/> Zookeeper(s) <input type="checkbox"/> Curator(s) <input type="checkbox"/> Co-Curator(s) <input type="checkbox"/> Veterinarian(s) <input type="checkbox"/> Life Science Director <input type="checkbox"/> Safety Coordinator <input type="checkbox"/> Security Manager <input type="checkbox"/> Security Officer(s) <input type="checkbox"/> Other: _____		<input type="checkbox"/> Via keeper <input type="checkbox"/> Via Zoo employee <input type="checkbox"/> Via Volunteer <input type="checkbox"/> Via Other: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> Other: _____	
Incident Command System Used?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Incident Commander: _____			
Staff previously trained on this emergency procedure this year?		List New hire staff trained during this exercise:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Problems Encountered: (Check all that apply and explain deficiencies on separate sheet):			
<input type="checkbox"/> Alarm not heard <input type="checkbox"/> Employees unsure of responsibilities / response <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Doors left open <input type="checkbox"/> Staff not accounted for / attendance <input type="checkbox"/> Difficulties with evacuation of disabled guests <input type="checkbox"/> Staff that did not respond to situation <input type="checkbox"/> Staff error <input type="checkbox"/> Internal gate(s) not secured <input type="checkbox"/> External gate(s) not secured <input type="checkbox"/> Radio communication problems <input type="checkbox"/> Network / computer problems		<input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Employees / guests not sheltered <input type="checkbox"/> Improper or unavailable equipment <input type="checkbox"/> Improper or unavailable PPE <input type="checkbox"/> Doors or Exits blocked <input type="checkbox"/> Transportation <input type="checkbox"/> Interagency miscommunications <input type="checkbox"/> Incident Command problems <input type="checkbox"/> Faulty exhibit/holding area <input type="checkbox"/> Public vandalism <input type="checkbox"/> Other: _____	
Mitigation / Plans for Improvement: (check all that apply and explain on separate sheet):			
<input type="checkbox"/> Address need for additional equipment / PPE <input type="checkbox"/> Improved emergency supplies <input type="checkbox"/> Additional staff training List additional training needs: _____		<input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Other: _____	

Supervisor Summary Report

Type of Activity: *(fire, weather/environment, injury to staff or visitor, animal escape or type of drill):*

Species / animal involved / individual:

Date / time event occurred: *(describe search and recapture. Specify actions taken, times staff reported to the incident area, type of equipment used; PPE, crates, weapons, tranquilizers, etc.):*

Reason for event: *(State N/A if not applicable):*

- FAULTY EXHIBIT / HOLDING AREA:
- PUBLIC VANDALISM:
- STAFF ERROR:
- OTHER (Specify):

Corrections needed in exhibit / holding / event area:

Improvements needed in staff response procedures:

Events considered 'Best Practices':

Report Date:

Reported by:

Per AZA Accreditation Standard 11.2.3: Emergency procedures/drill should be conducted for four basic types of emergencies: fire, weather/environment; injury to staff or visitor; animal escape.

Per AZA Accreditation Standard 11.5.3: Emergency procedures/drill should be conducted for potentially dangerous animals (e.g. large carnivores, large reptiles, medium to large primates, large hoofstock, killer whales, sharks, venomous animals, and others, etc.)

Per AZA Accreditation Standard 11.7.4: Institutions which utilize underwater diving with compressed air (SCUBA or surface supplied) as a part of regular operations and/or maintenance must conduct at least one live action emergency dive safety drill annually.