

QUARTERLY WALK-THRU / ANNUAL PRE-MISHAP DRILL CHECKLIST

Course	Date	Yes	No	Quarterly	Annual
1. Is Pre-mishap plan posted?					
2. Does it contain accurate information?					
3. Have the monthly Pre-Mishap Plan reviews been documented?					
4. Was location of Emergency Equipment known to students?					
a. Fire Extinguisher					
b. Eyewash Station					
c. Electrical panel/Disconnect Switch					
d. Fire Pull box					
5. Were the following procedures followed:					
a. Instructor was notify of Mishap/Injury					
b. All training stopped					
c. Instructor started first aid					
6. Was a student sent to call security?					
a. Time called					
b. Time arrived					
7. Was Security given the following information:					
a. Name and rate of injured					
b. Type of injury					
c. Extent of injury					
d. First aid administered at the site					
e. Telephone number					

8. Was Chain of Command notified?				
9. Was certified moderate/high instructor present?				
10. Did students muster in a designated area? Number of students?				
11. Was a student sent out to meet the ambulance?				
12. Were Training Time Out requirements known to the students?				
13. Was the TTO posted close to the training area?				
14. Was communication equipment present?				

Remarks/Comments:

TSO _____ INSTRUCTOR _____