

Transit Evacuation Plans for People with Disabilities: Tracking Progress Document

April 2025, Edition 1.0

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THE PARTNERSHIP
FOR INCLUSIVE DISASTER STRATEGIES

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This checklist is adapted and updated from [Checklist for Integrating People with Disabilities and Others with Access and Functional Needs into Emergency Planning, Response & Recovery, Edition 3.0, 2020](#). The content is the product of many years of collaboration with colleagues. I acknowledge and appreciate my colleagues' feedback to improve its content.

This document is frequently updated. Please check for the current version at <http://www.jik.com/mrp.html>.

This checklist is a work in progress designed to evolve based on new learning and continuous feedback. Users are encouraged to refine its content and provide the author (at jik@jik.com) with corrections, suggestions, and comments; what works, doesn't work, and needs work?

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How to Use This Guidance

Use this guidance to:

- Identify areas and resource gaps needing attention,
- Set priorities,
- Assign responsibilities,
- Track progress (See Tracking Progress document),
- Periodically (recommend every six months) evaluate progress by identifying newly implemented elements and areas still needing attention.

Suggested Process

- All team members should first individually complete the Transit Guidance document, using this Tracking Progress document.
 - Use this Tracking Progress document for ratings.
- Review findings as a team and discuss differences in ratings, areas needing examination, and unanswered questions.
- Reconcile differences in ratings, as diverse perspectives are critical to achieving a realistic and honest assessment.
 - When team members talk to each other often, it is striking the guesses and assumptions that get exposed and corrected, as opposed to planning in a vacuum!
- Collectively identify opportunities for improvement and set priorities.
- Identify individuals with the responsibility, authority, and resources to lead the effort on specific elements.
- Reconvene at designated times to discuss progress and problem-solve.
- Track progress.

How to Use the Tracking Progress Document

- Check the appropriate rating.
- Check “priority” if you believe the element is a top priority.
- Use the expandable text boxes for comments and thoughts.

Ratings

YES = COMPLETED

- Completely addressed
- Formal mechanisms exist (supporting documents)
- Demonstrated in practice

PARTIAL = PARTIALLY COMPLETED

- Partially / informally addressed
- Inconsistent or contradictory documentation
- Under development
- Being updated

NO = NOT COMPLETED

- Not addressed
- It may be covered in other policies and procedures, but there is no evidence that this element is addressed.

UNSURE = INCOMPLETE REVIEW

- Further assessment needed

PRIORITY

- Top choice to strengthen

Authority, Resources, and Responsibility

1. Identify individuals with the authority, resources, and responsibility to make decisions, triage, identify resources, set priorities, make allocations, and authorize payments.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

2. Identify staff serving in subject matter expert positions who understand and oversee compliance with disability rights laws; disability-focused transit evacuations; integration of disability content into processes, procedures, protocols, policies, and training; and providing technical support.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Identify Staff

1. Leadership and their backups with the disability expertise, authority, responsibility, and resources who lead in key aspects.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

2. Procedures are in place (flexibilities, exceptions, and waivers) to manage policy and procedure modifications (i.e., crossing jurisdictional lines and speeding up time constraints when a response needs to be in hours, not days).

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

- Procedures are in place for pre-warning plans so wheelchair accessible and other vehicles and trained drivers are pre-positioned and immediately available.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

- Methods are in place to reach people unable to get to assembly areas/
pick-up points.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

3. Existing, updated, and contemporary disability inclusion content (associated plans, annexes, processes, procedures, protocols, policies, job aids, field operation guides, and training) is consistent and integrated with all planning and responding government agencies and departments:

- | | |
|-------------------------------|---|
| a. Government Executive | m. Nuclear power plant(s) |
| b. Emergency services | n. Police |
| c. Sheriff | o. Public housing and housing authority |
| d. 2-1-1 | p. Public works |
| e. 3-1-1 | q. Schools (preschool, K-12, charter, residential, and colleges and universities transit) |
| f. 9-1-1 | r. Social services |
| g. 9-8-8 | s. Transit agency including paratransit |
| h. Airport | t. Utilities |
| i. Animal care and regulation | u. Water resources agency |
| j. Environment quality agency | |
| k. Fire | |
| l. Health and human services | |

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

4. Non-government organizations with transit evacuation responsibilities and coordination are defined (See “Agreements, Contracts, MOUs”)

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Plan with Disability Community Partners

1. Individual preparedness content is developed with people with disabilities and community partners.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

2. Engage the disability community partners in content development, testing/exercises, hot washes, After Action Reports (AARs), and updating and a continual improvement process.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

3. Engage community partners as contractors and vendors (See “Agreements, Contracts, Memorandums of Understanding”) to provide needed resources, such as accessible transportation, sign language interpreters life-safety or wellness checks.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Dataset Options for Projecting Needs and Numbers

Choose from these datasets as a minimum for projecting needs:

Permanent and temporary transit-dependent people

- Ridership:
 - Paratransit
 - Public transit
 - Vehicle ownership
 - Number of accessible parking placards and disabled people license plates issued
 - By departments of motor vehicles
 - Vehicle rentals
- Clusters of need:
 - Residential schools
 - Long-term care facilities
 - Childcare facilities
 - Hospitals
 - People attending major events (music, sports, parades, etc.)
 - Unhoused
 - Annual visitor, tourist, and temporary worker projections
- Non-driving populations
 - People who choose not to drive
 - People who are legally prohibited from driving
 - People who don't drive because of a disability
 - People who won't have access to vehicles even if they have one (i.e. people who have access to vehicles that are unusable because of the disaster, cannot pay for gas at the time of evacuation)
 - Owners of older vehicles that can be unreliable or unsafe

Additional datasets to reference:

- Program administrative data such as human service agencies
- Geographic Information Systems (GIS)
- Census Data (for people without cars, children, low-income individuals, a segment of older people, seniors, elderly people, etc.) (e.g., [OnTheMap](#))
- [Social Vulnerability Index \(SVI\)](#)
- FEMA's [Resilience Analysis and Planning Tool](#)
- Network simulation models used by metropolitan planning organization (MPOs) in some urban areas to model evacuation times and capacities. [e.g., [The Role of Transit in Emergency Evacuation, Transportation Research Board](#). (2008) (p.43)]
- CDC Morbidity and Mortality Weekly Report (MMWR) [QuickStats: Percentage of Adults Aged ≥18 Years Who Lacked Reliable Transportation for Daily Living in the Past 12 Months, by Disability Status and Age Group](#)

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Assets

Passenger Capacity

1. Transportation asset inventory is complete.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

2. Includes providers with the capacity to evacuate people with disabilities from individual homes, and facilities (i.e., schools, health facilities, public housing, group homes, and LTCFs), including transit and non-traditional fleets.
- a. Airport planes, car rentals, shuttle buses, and vans
 - b. Amusement Parks
 - c. Colleges/Universities transportation systems
 - d. Community-based organizations
 - e. Fixed-route buses
 - f. County fairgrounds
 - g. Dial-a-Rides
 - h. Disability and senior transportation service providers
 - i. Healthcare facilities
 - j. Healthcare transportation vendors
 - k. Hotel shuttles
 - l. Non-medical emergency vans/ambulances
 - m. Paratransit systems (ADA-mandated)
 - n. Ships, boats
 - o. Private shuttle services
 - p. School district transportation systems
 - q. Taxi systems
 - r. Tour Bus Companies (Charter commercial companies)
 - s. Transit districts
 - t. Private transit providers, [e.g., Transportation Network Services (TNS), Uber, Lyft], online car-sharing platforms (e.g., Avail, Turo, Getaround), car rental, and airport shuttles, taxi services, vehicles owned by community-based organizations
 - u. United Parcel Service (UPS), United States Postal Service (USPS), Federal Express (FedEx), Amazon, DHL vehicles
 - v. Truck and car rental companies, including accessible van rental companies (Mobility Works, Wheelchair Getaways)
 - w. Trucking companies

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

3. Procedures are in place to establish agreements to use private vehicles purchased with Federal Transit Administration §5310 funds, particularly those owned by community-based organizations, especially the lift-equipped vehicles, should be used as available assets.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

4. Assets are typed by wheelchair and mobility scooter capacity (number of accessible spaces with securement devices), fuel type, fuel range, vehicle turning radius, amphibious (for navigating high flood waters), and trained drivers able to lift some mobility devices into a vehicle as a last-resort option.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

5. Procedures are in place for vehicles to accommodate wheelchair and mobility scooter vehicles include working and tested (daily) ramps or lifts, and securement devices; mobility and durable medical devices; service animals; and emotional support animals and pets.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

6. Procedures are in place to use screener questions to quickly determine what vehicles to deploy (i.e., size of mobility device, ability to step or transfer into a vehicle, can mobility device be taken apart and loaded into a trunk or other empty vehicle space, what equipment rider will be taking with them?).

Define the acceptable level of driver risk below:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Long-Term Care Facilities (LTCFs)

1. Emergency management helps with the review of facilities' emergency plans review and update specifics of emergency plans, including interface with and assumed reliance on jurisdiction's resources (i.e., evacuation, transportation, sheltering)

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

2. Identify dangerous contractor overlaps and unrealistic expectations (e.g., accessible vehicles being over-obligated because of competing contractual agreements during an incident).

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

3. Procedures are in place to discuss and confirm specific and realistic evacuation plans and procedures that do not rely on jurisdictional resources.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

4. Checks for criteria to evacuate and identify advance warning plans and early evacuation triggers and realistic numbers of staff who will remain and/or return to work after a disaster are identified.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

5. Adequate numbers of staff to assist with evacuation, evacuation vehicles, and evacuation transit contracts.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

6. Procedures are in place to identify shelters that can accommodate residents, patients, and students in an evacuation and set up pre-identification agreements of “like facilities” within variable distances for relocation shelters.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Public Messages/Communication

1. Method is in place to communicate among service providers, evacuees, and first responders.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

2. Methods are in place to clearly identify recognized signage for accessible vehicles to access evacuation zones and escort accessible vehicles through hazard areas and access control points.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

3. Procedures are in place to communicate the suggestion for early evacuation when possible.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

4. Procedures are in place to reach people unable to get to assembly areas/pick-up points.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

5. Procedures are in place to strengthen and disseminate tips for people with disabilities developing or updating their emergency plans.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

6. Managing expectations be clear and consistently reinforce that more people will need transportation than will be available, and making evacuation backup plans is critical with friends, family, and colleagues, even when such plans will not be the ideal transportation plan.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

7. Procedures are in place to develop specific and plain language messages (See: [The Warn Room](#) gives evidence-based guidance on improving emergency alerts and warnings for all hazards.)

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

8. Procedures are in place to publicize consistent contact options that do not change (phone number, text, email) that people who need help evacuating can use. If the end-user does not know how to request assistance, the plan fails.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

9. Procedures are in place for two-way communication capacity for people needing evacuation help, so updates and timing can be shared.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

10. To inform the community regarding how to ask for accessible transportation resources by using multiple accessible communication methods, including social media posts; websites; emergency alerts, warnings, and notifications; press conferences; town halls; and digital billboards/message signs.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

11. Methods are in place for individuals that are requesting a ride to be advised to first make alternative plans for leaving in case assistance cannot reach them. They will be informed about the timing of their ride's arrival or if a ride is not available.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Agreements, Contracts, Memorandums of Understanding

1. Agreements exist for multiple providers to protect against failure to deliver.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

2. Agreements are in place for mutual aid, including clarifying roles and cross-county counterparts/partners and those with access and functional needs responsibilities.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

3. Agreements are updated every _____ months/years (Insert number)

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Contract details include:

4. Emergency contact information for at least three reachable people 24/7 by...

☐ Cell ☐ Text ☐ Email ☐ Landline
☐ Addresses ☐ Other

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

5. Assurances that contractors are not over-obligated by competing contractual agreements during an incident.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

6. Detailed information on meeting ADA obligations.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

7. Vehicle information on number of and types of vehicles with drivers to deploy and driver backup plans.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

8. Identifying emergency roles and obligations in drivers' contracts, job descriptions, and driver training.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

9. Details on the location of emergency checklists (job aids, field operation guides) are in a specific place on all vehicles that will potentially be used for evacuations.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

10. Procedures on how individuals transported will be tracked until a safe re-entry (drop-off points), etc.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

11. Procedures on response time during and after non-operational hours (determine who is activated, when, and by whom).

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

12. Information on redundancy that includes geographic diversity (local, regional, and national) to continue service if the vendor's one location cannot or can only partially supply the needed resources.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

13. Procedures for scheduling emergency trips, including fare waivers.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

14. Information on how liability coverage works. For example, when using vehicles from nongovernmental organizations.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

15. Information on cost-sharing specifics.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Training and Exercises

1. Methods are in place for first responders, contractors, and drivers to have the know how via training and immediate access to refresher information.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

2. Procedures are in place on the use of clear, easily and broadly understood pictures and symbols with text (pictograms), pen and paper, and loudspeakers when making door-to-door emergency evacuation announcements to increase the ability to communicate with people with limited English, hearing loss, and limited speech, as well as young children, people under severe stress, and people with cognitive or intellectual disabilities.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

3. Procedures are in place on the use of blinking lights that are not seizure-inducing and noisemaking percussion sounds (felt through vibrations) when going door-to-door.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

4. Methods are in place to require emergency managers, planners, and first responders to work toward achieving core disability-related competencies in integrating disability into planning, response, and recovery, which include:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

5. Procedures on use training contractors who have lived disability experience.

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

6. Procedures on integrating accessibility and nondiscrimination processes into procedures, protocols, and policies that detail emergency services' who, what, where, when, why, and how.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

7. Procedures on integrating disability-related content into new and updated relevant training, with primary emphasis on just-in-time training so the subject is not treated as “special.” (See [Training: Maximizing Your ROI!](#) (2017))

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

8. Procedures on establishing fellow/intern programs to build disaster expertise among qualified disabled people interested in emergency services careers.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Tabletops, Exercises, and Drills

1. Procedures are in place to prevent people *without* disabilities from acting in the role of people *with* disabilities.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

2. Integrate physical, service, and communication access injects and scenarios into exercises (e.g., drills, tabletop, functional, full-scale)

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

Date: _____ ☐ **Yes** ☐ **Partial** ☐ **No** ☐ **Unsure** ☐ **Priority**

Comments and follow-up actions:

3. Procedures are in place to integrate lessons based on what worked and needs work from hot washes and After-Action Reports of tabletops, exercises, and drills into new or revised processes, procedures, protocols, policies, and training.

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

For future reviews:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions:

Date: _____ ☐ Yes ☐ Partial ☐ No ☐ Unsure ☐ Priority

Comments and follow-up actions: