
	<ul style="list-style-type: none">• Go to: https://app.smartsheet.com/b/form/ab484e89a8214e89aea8a2085d4dbc1b• Click the “Sign in with your company account” field.• Login with your MyAccess account.
 <h3>Great ShakeOut Earthquake Drill Evaluation Form</h3> <p>This form is to be completed by UCSF Health West Bay only.</p> <div data-bbox="147 803 850 1209"><p>Department/Unit Name * THIS IS A REQUIRED FIELD.</p><p>1 <input type="text"/></p><p>Department/Unit Phone Number</p><p>2 +1 () - -</p><p>Cost Center</p><p>3 <input type="text"/></p><p>What is your email address? * THIS IS A REQUIRED FIELD.</p><p>4 <input type="text"/></p></div>	<ol style="list-style-type: none">1. Enter your Department/Unit Name (ex. Emergency Management).2. Enter your Department/Unit Phone Number.3. Enter your Cost Center or Home Department Number (ex. 846123).4. Enter your Email Address.

<p>Earthquake Emergency Operations</p> <p>Immediate Staff Response & Staff Knowledge</p> <p>Did staff demonstrate knowledge of "Drop, Cover, Hold" procedures?</p> <p>5 <input type="text"/></p> <p>Was a staff huddle called to discuss current safety status and review next steps?</p> <p>6 <input type="text"/></p> <p>Was the overhead drill announcement heard on your unit/in your area?</p> <p>7 <input type="text"/></p> <p>Did staff receive the WarnMe notification via email, text, or call?</p> <p>8 <input type="text"/></p> <p>Did you receive information about the drill on the emergency red phone in your unit in real time?</p> <p>9 <input type="text"/></p> <p>Did a staff member call the Disaster Hotline (415) 885-7828 for more information?</p> <p>10 <input type="text"/></p> <p>Were patients informed and educated about the drill? If your unit does not provide patient care, please select "N/A".</p> <p>11 <input type="text"/></p> <p>In the event a building evacuation was required, please name the location of your unit's/department's designated Emergency Assembly Area? This information should be listed in your Department Emergency Action Plan.</p> <p>12 <input type="text"/></p>	<p>5. Select Yes or No.</p> <p>6. Select Yes or No.</p> <p>7. Select Yes or No.</p> <p>8. Select Yes or No.</p> <p>9. Select Yes or No.</p> <p>10. Select Yes or No.</p> <p>11. Select Yes, No, or N/A if your department does not provide patient care.</p> <p>12. Please write the location of your Emergency Assembly Area.</p>
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<p>In the event a building evacuation was required, please describe the area where a MedSled and/or Stryker Chair devices are stored in your unit/department? If you do not have a nearby MedSled or Stryker Chair, please write "N/A" in this field.</p> <p>13 <input type="text"/></p> <p>Was the Department Emergency Checklist and Status Report completed? This form can be found here: https://safety.ucsf.edu/department-emergency-checklist-and-status-report</p> <p>14 <input type="text" value="Yes or No"/></p> <p>If the Department Emergency Checklist and Status Report was completed, please upload it here:</p> <p>15 <input type="file"/></p> <p><input type="checkbox"/> Send me a copy of my responses</p> <p><input type="button" value="Submit"/></p> <p>Powered by smartsheet Privacy Notice Report Abuse</p>	<p>13. Please describe the area where the nearest MedSled and/or Stryker Chair is stored near your department. Write N/A if your department is not near one.</p> <p>14. Select Yes or No.</p> <p>15. Click the Submit button.</p> <h1>CONGRATULATIONS!</h1> <p>You have completed your Great ShakeOut Earthquake Drill Form.</p>
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