

POST EVENT FORM

This form shall be completed by the Incident Commander or Designate AND forwarded to the EPC (Emergency Preparedness Committee) at: fax: 1-(204) 759-3127 email: epc@arha.ca or Lab Truck to: EPC - ARHA Regional Office-Shoal Lake - *As soon as reasonably possible.*

Facility/Program Location: _____ **Exercise:** Yes No

A - Nature of Event: (Please check all applicable.)

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Code Purple | <input type="checkbox"/> Code Green | <input type="checkbox"/> Code White | <input type="checkbox"/> Code Red | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Code Blue | <input type="checkbox"/> Code Brown | <input type="checkbox"/> Code Yellow | <input type="checkbox"/> Severe Weather | |
| <input type="checkbox"/> Code Pink | <input type="checkbox"/> Code Orange | <input type="checkbox"/> Code Black | <input type="checkbox"/> Power Outage | |
| <input type="checkbox"/> Code Grey | <input type="checkbox"/> Reception | <input type="checkbox"/> Large Event | <input type="checkbox"/> Pandemic/Outbreak | |

Brief Description: _____

B - Agencies Involved: (Please check all applicable.)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> ARHA Call Centre | <input type="checkbox"/> Office of Fire Commissioner | <input type="checkbox"/> 911 |
| <input type="checkbox"/> MEMO | <input type="checkbox"/> Medical Officer of Health | <input type="radio"/> EMS / MTCC |
| <input type="checkbox"/> Local Authority (Municipal, FN, Park) | <input type="checkbox"/> Other _____ | <input type="radio"/> Fire Dept |
| | | <input type="radio"/> Police |

C - CODE RED: (Fire Alarm Activation.)

- | | | |
|---|-------------------------------------|--|
| 1 Was there smoke? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Is this a re-occurring event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 Was it possible to silence/reset the fire alarm system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 Please indicate the device that activated the alarm: | <input type="radio"/> Pull Station | <input type="radio"/> Smoke Detector |
| | <input type="radio"/> Heat Detector | <input type="radio"/> Duct Smoke |
| | <input type="radio"/> Voice/PA | <input type="radio"/> Sprinkler System |

D - Event Duration:

1 Event Timings: Start Time: _____ End Time: _____

2 Event Date: Start Date: _____ End Date: _____

3 What was the cause of the event? _____

4 Was there any warning prior to the event? Yes No

5 Indicate pre-event warning: _____

E - Event Recovery:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1 Was Area Manage or designate notified? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 2 Was a Post Incident Debriefing required for staff involved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3 Was the facility/program able to maintain normal operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4 Has the facility/program returned to normal operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5 Has an Incident Report Form (Policy QI-XVIII-311) been completed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6 Were you able to access the information required to manage the event? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

7 Suggestions to help avoid an event of this nature from occurring again: _____

8 Indicate concerns with any of the Disaster Plans/Procedures: _____

9 For additional information, please attach on blank paper as required.

F- Print Name: _____ **Date Completed:** _____