



Manual: Emergency Measures	Policy Number: EM-TPC-04
Section: Code Black - Phone Call and Written Bomb Threat	Policy Name: Code Black Bomb Threat Evaluation Sheet
Document Owner:	Page: 1 of 2
Effective Date: October 22, 2021	Revised: April 18, 2025

## Code Black Exercise Evaluation

Date of exercise: \_\_\_\_\_ Time started: \_\_\_\_\_ Time completed \_\_\_\_\_

Location: \_\_\_\_\_

Location of Bomb or Suspicious Device: \_\_\_\_\_

Length of time to find Bomb or Suspicious Device: \_\_\_\_\_

Who received the bomb threat and how was it delivered?

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Comments:

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Recommendations:

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Evaluator: \_\_\_\_\_



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Checklist Items for Code Black Drill	Y	N	N/A
Did the team member who received the bomb threat Contact the Charge RN or Assisted Living Supervisor			
Did the team member who received the bomb threat follow the threatening phone call/written threat procedures			
Did the Charge RN or Assisted Living Supervisor call 911			
Was the Manager on Call notified			
Were all home areas and reception areas called to request volunteer team members to come to the staging area			
Were volunteer team members assigned areas to search and given a checklist from the emergency manual			
Were team members assigned to direct traffic and prevent non-essential personnel from entering search area			
If bomb or suspicious device was discovered, was one team member assigned to secure and monitor until emergency personnel arrived			
If possible bomb or suspicious device was found was ownership of the device established			
When bomb or suspicious device was found was the Charge RN or Assisted Living Supervisor contacted to explain the location and provided a description with any other relevant information			
Did the Charge RN or Assisted Living Supervisor contact the police with this updated information			
Was one volunteer team member assigned to direct emergency staff upon their arrival			
Was an Evacuation done at the direction of the Charge RN or Assisted Living Supervisor			