

# Hospital Emergency Codes

**Name of the hospital**

## Code Red Mock Drill Report

Date & Time of Mock Drill	
Sequence of Mock Drill (No. of Code Red Drill since beginning of year, year, Ex- 1st mock drill of year 2024)	
Location	
Conducted By	
Supervised By (can be same as above)	
Participants Category (Doctor, Nurse, Security, Housekeeping, etc.)	
Total Participants (Nos)	
Pre-Briefing of the Participants (Done/Not done/Not Required)	
Details of emergency scenario explained to participants	
Description of the Code Red Mock Drill	
Deviations / Observations / Analysis/ Comments	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>

	4. 5. 6.
Debriefing of the Participants (Done/Not done/Not Required)	
Summary of the Mock Drill	
Corrective Actions	
Preventive Actions	
Any Additional Points	

Signature:

Nam

e:

Date:

### Disclaimer

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