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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	1. 2. 3. 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:

Name:

Date:

Disclaimer

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