Evaluator Form

Date: _____   Evaluator: _____

Shift: _____   Facilitator: _____

Time: _____

Scenario: MCI   Surge   Shooter

Time

Time	
Drill start:	_____
Drill end:	_____
Debrief end:	_____

Page for huddle:	_____
All team members present:	_____
Code D activated:	_____
Page operator call:	_____

Task	Performed Correctly	Performed	Did Not Perform
Obtain appropriate information from CMED	☐	☐	☐
Overhead page for team huddle	☐	☐	☐
Team huddle & briefing	☐	☐	☐
Assess staffing resources	☐	☐	☐
Determine need for Code D activation	☐	☐	☐
Call STAT line / activate Code D	☐	☐	☐
Assign staff roles	☐	☐	☐
Distribute disaster cards and brief PED	☐	☐	☐

Participants

Participant	Business Associate	Tech	MD - Attending	MD - Resident	MD - Fellow	Physician Assistant	RN – Charge	RN
_____	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐
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