Nebraska Methodist College – The Josie Harper Campus
Blue Light (Help Station) Emergency Response Team (ERT)
Evaluation Form

Your Department or Area ____________________________
Location of Blue Light Activation ______________________
Date ____________ Time ____________

Equipment Function Section

1. Did the device function properly? ____________________ Yes No
   • Was the Blue Light on? ____________________________
   • Did the Operator receive the alarm? ________________
   • Was communication clear? _________________________
   • Was the device easy to access? _____________________

Comments: _________________________________________

Code Activation

1. Was the Code received and acted upon appropriately? Yes No
   • Did the Operator ask direct questions? ______________
   • Was the Operator calm and professional? ____________
   • Was the Front Desk personnel notified? _____________
   • Was an overhead page made to announce the ERT Drill/Actual event? _____________
   • Was the correct location announced? ________________

Comments: _________________________________________

Code Response

1. Was adequate help summoned? ________________________ Yes No
   • Did the ERT respond to the correct location? __________
   • Were appropriate interventions provided? _____________
   • Did the Front Desk personnel move cameras or ensure the event was captured on video? _____________
   • Was an additional announcement necessary? __________

Comments: _________________________________________

H: Winword/Code Forms
10/26/2011