Table Top Exercise No:

Date of Conduct:

Type of Drill: Explosion / Training / Effectiveness

Location:

SCENARIO

References:

1.			
2.			
3.			
4.			

PLAN

TRAINING					
List of Participants for the training of:					
A.					
B.					
С.					
D.					
Name of Participant:					
1.					
2.					
3.					
4.					
5.					
Date of Training :					
1 Place of Training (Theory)	2 Place of Training (Practical / Physical)				
Faculty of Training:					

ANNEXURES				
Annexure –01	Question Paper (incl. Participants Answer Sheet)			
Annexure – 02	Summary of Result + Conclusion			

Annexure - 01

TEST PAPER

Exercise for Emergency response plan Drill for Fire / Explosion in Gas Cylinders

Total Marks: 100 (10 Marks for each Answer)

Passing Marks: 70

Name:

Please gives the answers of following questions in Yes or No

Sr.No.	Questions	YES	NO
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

Annexure - 02

RESULTS

Sr. No.	Name of Participant	Total Marks	Obtained Marks	Qualified YES / NO
01		100		
02		100		
03		100		
04		100		
05		100		

Conclusion:

Name of Persons for Further Training Required on topic: (Tick only)

Sr. No.	Name of Participant	Material Handling /Storage	Emergency Plan	MSDS	Subject	Subject	Subject	Subject
01								
02								
03								
04								
05								

Faculty Signature	H.O.D. Signature	M.R. Signature		