

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL014014</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROCKFORD INN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>56 N HIGHLAND AVENUE GRANITE FALLS, NC 28630</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell on 2-21-2019.  Records indicate this facility was first licensed on 10-1-1977. The documents for the Special Care Unit were first submitted on 6-7-2008. Based on this information, we are requiring the older portion of the facility to meet the 1967 NC State Building Code, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. The Special Care Unit was surveyed using the 2006 NC State Building Code and the current Rules for Adult Care Homes of Seven or More Beds.	C 000		
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: Based on a review of documents, the most recent Sanitation inspection for the building was dated 6-30-2017. Buildings must be inspected and approved annually as required.	C 111	The facility called inspector and inspector inspected building on 2-25-19 with score of 99.0, enclosed copy of inspection. Also dietary inspection on 2-28-19 with score of 99.5, enclosed copy of grade.	2-25-19
C 160	Outside Premises-Clean, Safe  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT	C 160	Facility will check building inspection certificate on annual basis. Facility will note February each year and call inspector each February	3-14-19

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Dennis K. Cobby, administrator TITLE: \_\_\_\_\_ (X6) DATE: \_\_\_\_\_

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C 160	Continued From page 1  (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition;  This Rule is not met as evidenced by: Based on observation, an exterior exit path was not maintained in a safe condition. Findings on 2-21-2019; a. There was standing water on the exit path from Hall 2. b. The exit path from Hall 2 was very soft and muddy.	C 160	to assure inspection is done in correct time frame - 2/25/19  Gravel added to exit path from Hall 2 to parking lot on 2/25/19, packed hard to prevent any standing water or mud. Gravel will be added as needed - 2/25/19	2/25/19
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: Based on observation, the walls were not kept in good repair. Findings on 2-21-2019; a. The wall finish was water damaged in the community bathroom on Hall 3. b. An outside corner was chipped and damaged in the community bathroom on Hall 3.	C 164	<del>_____</del>  Hall 3 bathroom complete 3/14/19 renodeled, new tub, drywall and ceramic installed. Bathroom received new paint and flooring as well. The facility maintenance and housekeeping will check weekly all areas of org	3/14/19

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C 166	Continued From page 2	C 166	<i>repairs needed and be corrected within 24 hours -</i>	<i>3-14-19</i>
C 166	<p>Housekeeping-Maintained Free of Hazards</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> <li>Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 2-21-2019:               <ol style="list-style-type: none"> <li>Several (8) portable medical oxygen cylinders were stored in an unapproved plastic crate.</li> <li>One portable medical oxygen cylinder was stored in no container at all.</li> <li>One large medical oxygen cylinder was stored without the required clamp-on base.</li> </ol> </li> <li>Based on observation, the ice machine drain line was in direct contact with and extended into the wall drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.</li> <li>Based on observation, parts of the toilet paper holder were missing in the community bathroom on Hall 3. The missing parts exposed sharp edges.</li> </ol>	C 166		

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C 185	Continued From page 3	C 185		
C 185	<p>Fire Safety-Rehearsals on Each Shift</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION</p> <p>(b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by: Based on a review of documents, the records available onsite included little to no description of what the rehearsal involved.</p>	C 185	<p>The facility maintenance department corrected the ice machine drain lines to be least 2 inches above the floor. The maintenance department will check ice machines weekly and clean and assure proper draining _____</p> <p>The facility maintenance dept. repaired toilet paper holder and replaced in Hall 3 bathroom _____</p>	3-14-19 3-14-19
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the required one-hour</p>	C 189	<p>Facility housekeeping will check bathrooms for any missing toilet paper holder daily and report to maintenance. Maintenance will replace immediately _____</p> <p>The facility updated fire plan rehearsals documentation sheet, enclosed copy of updated sheet. The facility does fire drill each month with rotating shift each</p>	3-14-19

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C 189	<p>Continued From page 4</p> <p>fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings on 2-21-2019:</p> <p>a. Holes at water lines in the walls of the janitor's closet near the kitchen,</p> <p>b. Unsealed penetration at an A/C line through the ceiling of the air handling room on Hall 1,</p> <p>c. Unsealed penetration at an A/C line through the ceiling of the air handling room on Hall 2,</p> <p>d. Hole at a conduit in the ceiling of the pantry,</p> <p>e. Unsealed penetrations in the ceiling of the med room on Hall 3,</p> <p>f. Hole in the wall of the med room on Hall 3,</p> <p>g. Penetration in the ceiling of the med room on Hall 3 sealed with un-rated caulk,</p> <p>h. A sprinkler escutcheon was missing in the Maintenance office.</p> <p>2. Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 2-21-2019;</p> <p>a. There is no door stop provided for the top of the door to bedroom 207.</p> <p>b. The door to the community bathroom on Hall 3 does not fit the opening properly to be resistant to the passage of smoke.</p> <p>c. The door to room 209 does not latch when closed.</p> <p>3. Based on observation, an attic draft stop was not maintained to resist the free flow of air.</p>	C 189	<p>Month. Fire drill documentation will be monitored by administrator _____</p> <p>Rule area 10A NCAC 13F .0311, the maintenance department sealed holes with approved material. Maintenance sealed penetration at the AC line through ceiling on Hall 2. They sealed area in ceiling in Hall 3 med room and hole in wall and sealed penetration in ceiling in med room hall 3 with correct caulk. Maintenance added sprinkler escutcheon in maintenance office. Corrected on 2-22-19. Areas of concern will be monitored on rounds weekly by maintenance and administrator and corrected immediately upon identifying _____</p> <p>Maintenance corrected concerns of doors 207,</p>	<p>3-14-19</p> <p>3-14-19</p>
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C 189	Continued From page 5  Findings on 2-21-2019; a. There were unsealed wire penetrations in the draft stop wall above Hall 3. b. There was an unsealed conduit penetration in the draft stop wall above Hall 3.  4. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Finding on 2-21-2019; Items had been stacked to within 6 inches of the ceiling in the maintenance office. Note; This deficiency was corrected during the survey.	C 189	Bathroom hall 3 and 204 to properly latch and close. Area of concern will be monitored by weekly rounds of administrator to assure all doors close and latch properly. Any concern will be reported to maintenance and repaired immediately - 3-14-19  Maintenance department sealed wire penetrations in draft stop wall above Hall 3 and sealed conduit penetration. Maintenance removed items to lower location to be below 18 inches of sprinkler and will checked weekly by administrator to assure remains 18 inches below sprinkler	3-14-19

N.C. Department of Health and Human Services  
 Division of Public Health  
 Environmental Health Section  
 Inspection of Hospitals, Nursing Homes,  
 Adult Care Homes and Other Institutions

Score: 99  
 Date of Insp/Chg: 02/25/2019  
 Status Code: A

Health Department: 14  
 Current ID Number: 01014400001  
 Old ID Number:

<b>Water Supply</b>	<input type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<b>Water sample taken?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Non-Public Water Supply	<input checked="" type="checkbox"/> Inspection
			<input type="checkbox"/> Name Change
			<input type="checkbox"/> Visit
<b>Wastewater</b>	<input type="checkbox"/> Community	<input type="checkbox"/> On-Site System	<input type="checkbox"/> Status Change
		<b>Capacity: 0</b>	<input type="checkbox"/> Re-Inspection
			<input type="checkbox"/> Verification of Closure

Name of Establishment: BROCKFORD INN  
 Location Address: 56 N HIGHLAND AVE  
 City: GRANTITE FALLS State: NC Zip: 28630

Permittee: JENNIFER GATES  
 Mailing Addr: 56 N HIGHLAND AVE  
 City: GRANTITE FALLS State: NC Zip: 28630

	Deduction		Deduction
	Full/half		Full/half
<b>FLOORS, WALLS AND CEILINGS [1309,.1310]</b>		<b>MISCELLANEOUS [1318]</b>	
01 Floors easy to clean, no obstacles, drains where needed	2 1	28 Adequate storage, area clean, items properly stored	1 0.5
02 Floors clean, carpet clean, dry, odor free	2 1	29 Mop sinks provided and used	1 0.5
03 Walls and ceilings cleanable, clean, good repair	2 1	30 Medication carts clean, sharps containers affixed, food and utensils handled properly	2 1
<b>LIGHTING, VENTILATION, MOISTURE CONTROL [1311]</b>		31 Feeding syringes and oral suction catheters handled properly, tube-feeding bags changed per instructions	2 1
04 Lighting at least 10 foot candles 30 inches above floor	2 1	<b>FURNISHINGS AND PATIENT CONTACT ITEMS [1319,.1312]</b>	
05 Ambient air temperature 65° to 85° F, equipment clean	2 1	32 Furniture clean and in good repair. Mattresses clean, dry, odor free	2 1
06 No evidence of microbial growth	3 1.5	33 Linen changed when soiled. Soiled linen handled properly	2 1
07 Indoor smoking limited to dedicated smoking rooms	2 1	34 Laundry area and equipment clean, linen disinfected, clean laundry stored and handled separately	2 1
<b>TOILET, HANDWASHING, LAUNDRY AND BATHING FACILITIES [1312]</b>		35 Patient contact items in good repair, properly stored, cleaned and disinfected	1 0.5
08 Facilities conveniently located, clean and in good repair	2 1	<b>FOOD SERVICE UTENSILS AND EQUIPMENT [1320]</b>	
09 Toilet rooms free of storage, handwash signs posted	1 0.5	36 Approved utensils and equipment, cleaned and sanitized	2 1
10 Bedpans, urinals, bedside commodes and emesis basins properly cleaned and disinfected	1 0.5	37 Activity kitchens used only for approved activities	1 0.5
11 Hand sinks used only for intended purpose	2 1	38 Handwash lavatory provided wherever food is handled	2 1
12 Lavatories have mixing faucet at tempered water, soap, hand towel or hand drying device	3 1.5	<b>FOOD SUPPLIES AND PROTECTION [1321,.1322,.1323]</b>	
13 Lavatory and bathing hot water between 100° and 116° F	2 1	39 Food supply complies with 15A NCAC 18A .2600	4 2
14 Disinfectant accessible, properly used	2 1	40 Food brought by employees or visitors handled properly	1 0.5
<b>WATER SUPPLY [1313]</b>		41 Milk and milk products comply with 15A NCAC 18A .1200	2 1
15 Approved water supply, no cross-connections	4 2	42 Food protected. Potentially hazardous food maintained at 45°F or below, or 140°F or above, consumed or discarded within 2 hours of being removed from temperature control	4 2
16 Quantity and hot water sufficient, backup water supply plan	2 1	43 Food storage units with thermometers, maintain temperatures	1 0.5
<b>DRINKING WATER FACILITIES, ICE HANDLING [1314]</b>		44 Food stored above floor	1 0.5
17 Water fountains clean, good repair, properly regulated	2 1	45 No live animals where food is prepared or stored. Pets prevented from contaminating food utensils, equipment, condiments, pets excluded and tables cleaned before meals	2 1
18 Drinking utensils properly handled	2 1	<b>EMPLOYEES [1324]</b>	
19 Ice protected, dispensed, equipment clean, in good repair	2 1	46 Clothing clean, no tobacco used while handling food	1 0.5
<b>LIQUID AND SOLID WASTES [1315,.1316]</b>		47 Hands properly washed or decontaminated	3 1.5
20 Wastewater disposed of properly	4 2	48 Persons with infections excluded from food service work	2 1
21 Solid waste stored properly, areas clean, facilities for cleaning	4 2		
22 Solid waste disposed of frequently, no insect breeding or nuisance	2 1	<b>TOTAL</b>	<b>1</b>
23 Medical wastes handled and disposed of properly	2 1		
<b>VERMIN CONTROL, PREMISES [1317]</b>			
24 Vermin excluded	3 1.5		
25 Approved pesticides properly stored and handled	2 1		
26 Premises clean, no breeding places or rodent harborage	2 1		
27 Pet areas clean, veterinary records available	2 1		

Rept Received by: *Dorise Cobley*

Comments:  
 1. Hall baths with damaged or missing cove molding. Keep cove molding in good repair and easily cleanable.  
 12. Handsinks in bathrooms for 309 and 102 without papertowels. Must keep papertowels stocked at handsinks. -GC

General Comments:  
 Rooms visited 102, 204, 310, 316  
 Inspection By: Cameron Spencer 

EHS ID#: 2484

Purpose: General Statute 130A-235 requires the Commission for Public Health to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1304 specifies the contents of an inspection form to record the results of inspections made of institutional facilities. This form is developed to be used in making inspections of orphanages, children's homes, and similar institutions. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and two copies for: 1. Original to be left with the administrator or manager. 2. Copy for the local health department. 3. Copy for the Environmental Health Services Section. Disposition: This form may be destroyed in accordance with Standard-8.B.6., Inspection Records, of the Records Retention and Disposition Schedule for County/District Health Departments which is published by the North Carolina Division of Archives and History. Additional forms may be ordered from: Environmental Health Section, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00) Environmental Health Section. EHS 1213 (Revised 07/12)

# SANITATION TRAINING

# AVIATION

B

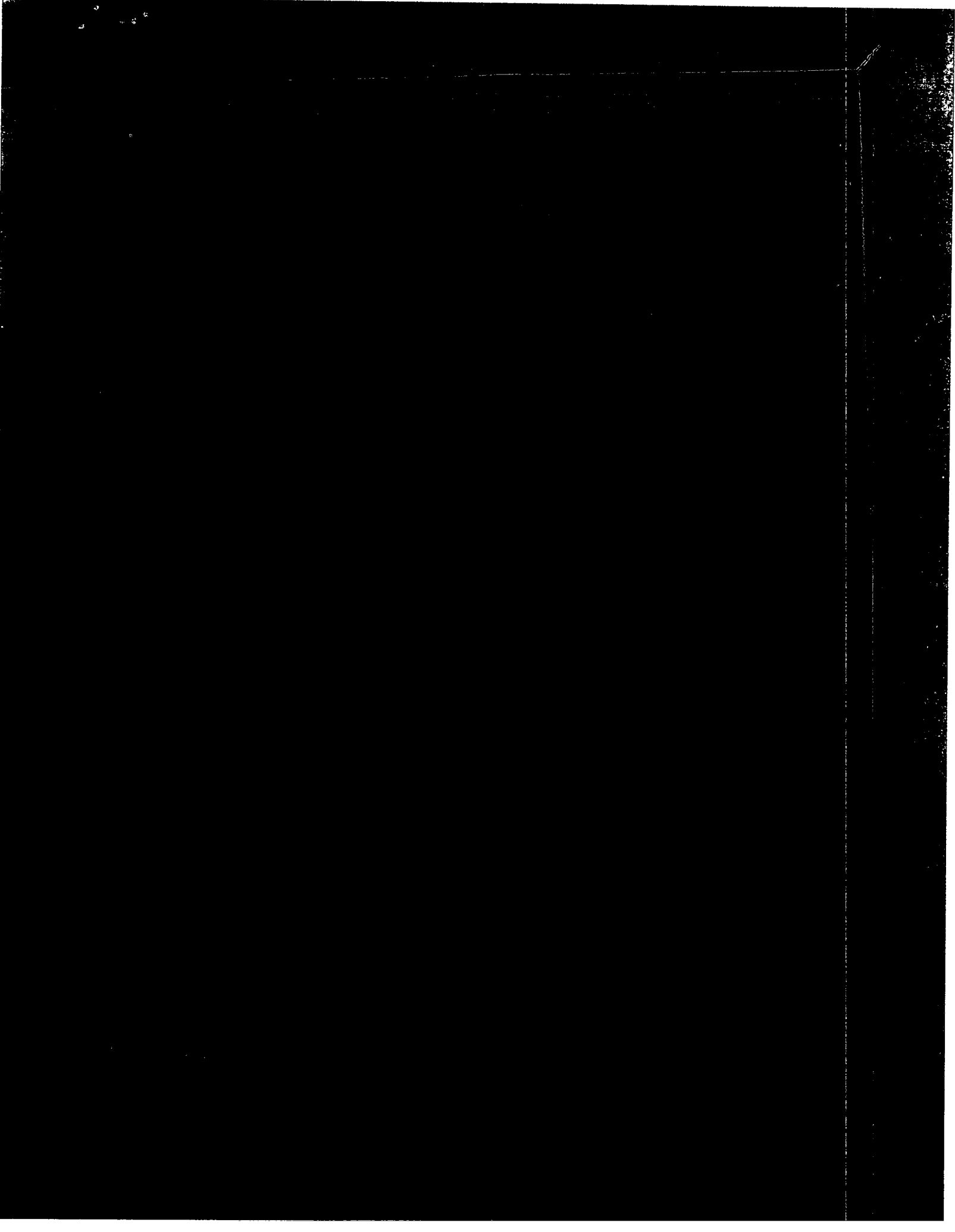
THE BUREAU OF AVIATION

U.S. DEPARTMENT OF COMMERCE

1917







# Brockford Inn-Fire Drill Statement

In accordance with the 2000 Internal Fire Codes

This is to certify that a full evacuation fire drill was conducted at Brockford Inn Assisted Living Center in accordance with the Internal Fire Code.

Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Person conducting the fire drill \_\_\_\_\_

Notification method used: \_\_\_\_\_

Fire location: \_\_\_\_\_

Staff on duty: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current census: \_\_\_\_\_ Number of occupants evacuated: \_\_\_\_\_

Residents out of facility(hospital,home,workshop,etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assembly point: \_\_\_\_\_

Special conditions simulated: \_\_\_\_\_

\_\_\_\_\_

Problems encountered: \_\_\_\_\_

Weather conditions: \_\_\_\_\_

What staff done: \_\_\_\_\_

\_\_\_\_\_