

School Emergency Drills Documentation Form

Type of Drill

- Fire Drill (5 required)
- Tornado Drill (2 required)
- Lock Down/Shelter in Place Drill (3 required)

Time of Drill

- Standard
- Class Change
- Recess
- Other Events

Name of Reporting School: _____

Date of Drill: _____ Time drill was held: _____(pm/am)

Exact time required to evacuate/shelter/secure: _____

Total Participants: _____

Remarks:

This report is for emergency drill # _____ for school year _____.

Name of person conducting drill: _____

Title of person conducting drill: _____

Signature of person conducting drill: Mark [Signature]

Drill Was Coordinated With:

- Emergency Management Coordinator
Name & Title _____

AND

- Law Enforcement (county sheriff or chief of police or designee or MSP)
Name & Title _____

OR

- Fire (fire chief or designee)
Name & Title _____

Please FAX to Berrien County Emergency Management at 269-934-9023