WARREN CONSOLIDATED SCHOOLS
EMERGENCY DRILLS DOCUMENTATION FORM
_____ School Year

TYPE OF DRILL

- [x] Fire Drill – ***5 required**
  Conduct one prior to 12/1*
- [ ] Tornado (Take Shelter) Drill – ***2 required**
  Conduct one at the beginning of 1st sem. and beginning of 2nd sem.*
- [ ] Lock Down – ***3 required**
  Conduct one prior to 12/1*
- [ ] AED/Cardiac Event
- [ ] Other (e.g. bus evac.)

TIME OF DRILL

- [x] Standard
- [ ] Class Change
- [ ] Recess
- [ ] Other Events (e.g. Lunch)

Mandatory Drills ***Mandated by changes to the school code**

Name of Reporting School Butcher Educational Center

Date of Drill 5-21-2019 Time drill was held 12:06 pm

Exact time required to evacuate/shelter/secure 2 minutes

Total Participants 350

Remarks _____

Total required drills complete to date _____

Name and title of person conducting drill Elizabeth Iljkoski

Signature of person conducting drill Elizabeth Iljkoski

Drill was coordinated with:

- [ ] Emergency Manager/Fire/Police

Name and Title _____

- [x] Drill Submitted Electronically Date 5-23-2019