WARREN CONSOLIDATED SCHOOLS
EMERGENCY DRILLS DOCUMENTATION FORM

_____ **School Year**

TYPE OF DRILL	**TIME OF DRILL**
☐ Fire Drill – ***5 required*** **Conduct one prior to 12/1***	☑ Standard
☑ Tornado (Take Shelter) Drill – ***2 required*** **Conduct one at the beginning of 1st sem. and beginning of 2nd sem.***	☐ Class Change
☐ Lock Down – ***3 required*** **Conduct one prior to 12/1***	☐ Recess
☐ AED/Cardiac Event	☐ Other Events (e.g. Lunch)
☐ Other (e.g. bus evac.)	

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

Name of Reporting School Butcher Educational Center

Date of Drill 1/10/2019 Time drill was held 1:45

Exact time required to evacuate/shelter/secure 1:50

Total Participants 380

Remarks Overall went well, will change location of some classrooms to compensate for the small shelter location. Will debrief with staff at next PLC on 2/15.

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 _____

☐ Drill Submitted Electronically Date _____