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 10/11/19 Time drill was held 10:00 am

Exact time required to evacuate/shelter/secure 1:58

Total Participants 195

Remarks Staff and students quickly evacuated; a few classroom doors were left open.

Total required drills complete to date 3

Name and title of person conducting drill Dr. Neuhoff

Signature of person conducting drill

Drill was coordinated with:

☐ Emergency Manager/Fire/Police

Name and Title _____

☑ Drill Submitted Electronically Date 10/11/2019