WARREN CONSOLIDATED SCHOOLS
EMERGENCY DRILLS DOCUMENTATION FORM
_____ School Year

TYPE OF DRILL

☐ 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

☑ Standard

☐ Class Change

☐ Recess

☐ Other Events (e.g. Lunch)

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

Name of Reporting School Angus Elementary

Date of Drill 1/10/19 Time drill was held 8:50

Exact time required to evacuate/shelter/secure 4:32

Total Participants 425

Remarks_____

Total required drills complete to date 8

Name and title of person conducting drill Jason Clark

Signature of person conducting drill [signature]

Drill was coordinated with:

☐ Emergency Manager/Fire/Police

Name and Title _____

☐ Drill Submitted Electronically Date _____