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 Angus Elementary School

Date of Drill 9/13/2018 Time drill was held 10:15

Exact time required to evacuate/shelter/secure 3:02

Total Participants 402

Remarks_____

_____

_____

Total required drills complete to date 1

Name and title of person conducting drill Jason Clark

Signature of person conducting drill _____

Drill was coordinated with:

☐ Emergency Manager/Fire/Police

Name and Title _____

☑ Drill Submitted Electronically Date 9/19/2018