School Emergency Drills Documentation Form

	Type of Drill		Time of Drill	
%o %o %o	Fire Drill (5 required) Tornado Drill (2 required) Lock Down/Shelter in Place required)	% % e Drill (3 %	Class Change Recess	
	Reporting School:			
Date of Drill:		l ime drill was held: _	(pm/am)	
Exact tim	ne required to evacuate/sh	nelter/secure:		
Total Participants:				
Remarks:				
This repo	ort is for emergency drill #	for school year		
Name of	person conducting drill: _			
Title of person conducting drill:				
Signatur	e of person conducting dr	ill: <u>*60</u>	<i>u</i> (<i>x</i> ,	
Drill Was	<u>Coordinated</u> With:			
‰	Emergency Managemer Name & Title			
	AND			
‰	Law Enforcement (coun	ty sheriff or chd[004 8	3d8 0 Td [(c8P> A/-c082t	ifactID 74.8 2n&o)rrè
	re (fire chief or designe	ee)		

Name & Title

PleaseFAX to BerrienCountyEmergencyManagementat 269-9349023