



Michigan Conference School Emergency Drills Documentation Form

Type of Drill

- Fire Drill (5 required)
- Tornado Drill (2 required)
- Lock Down/Shelter in Place Drill
(3 required)

Time of Drill

- Standard
- Class Change
- Recess
- Other Event

Name of Reporting School: _____

Date of Drill: _____ Time drill was held: _____ (am/pm)

Exact time required to evacuate/shelter/secure: _____

Total Participants: _____

Remarks:

This report is for emergency drill # _____ for school year _____.

Name of person conducting drill: _____

Title of person conducting drill: _____

Signature of person conducting drill: _____

Mark appropriately if drill was coordinated with local emergency responder(s):

- Emergency Management Coordinator

Name & Title _____

- Law Enforcement (county sheriff or chief of police or designee or MSP)

Name & Title _____

- Fire (fire chief or designee)

Name & Title _____