

Van Buren County Emergency Management School Drill Documentation Form

*Seven-day notice required for public safety coordination

Send by fax to 269-657-7787 or email to kirkr@vanburencountymi.gov / Skinnert@vanbuencountymi.gov

| Type of Drill | Number/Schedule |
|---|--|
| <i>Fire</i> | Five - Three drills must be completed by December 1 |
| <i>Tornado</i> | Two - One drill must be completed in March |
| <i>Safety/Security</i> | Three - One drill must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none"> One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material. One drill shall include security measures of a potentially dangerous individual on or near the school premises. Seek input from the administration of the school and local public safety on the nature of the drill. |
| <i>Note -At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.</i> | |

School _____

Principal _____

Date of drill _____ Number of students _____ Number of staff: _____

Time initiated: _____ (a.m./p.m.) Time concluded: _____ (a.m./p.m.)

| Situation at Start of the Drill (Check the appropriate box) | | | |
|---|--|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Before School | <input type="checkbox"/> During Class Time | <input type="checkbox"/> Passing Time | <input type="checkbox"/> Recess |
| <input type="checkbox"/> Lunch Time | <input type="checkbox"/> Assembly | <input type="checkbox"/> After School | <input type="checkbox"/> Other |

Remarks _____

This report is for:
(circle number next to applicable drill)

Fire drill number for the 2021/2022 school year
 Tornado drill number for the 2021/2022 school year
 Safety/Security drill number for the 2021/2022 school year

Name of person Conducting Drill: _____

Signature or person conducting drill: _____ Date: _____

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

*Must post on the school's website within 30 days after completing the drill.
The form must be maintained on the school website for at least three years.*

School Drill Observation Form

Date of drill: _____

Problems Encountered (Check all that apply)

- | | |
|---|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Congestion in hallways<input type="checkbox"/> Alarm not heard<input type="checkbox"/> Students unsure of proper procedures<input type="checkbox"/> Staff unsure of proper procedures<input type="checkbox"/> Use of personal technologies by students<input type="checkbox"/> Use of personal technologies by staff<input type="checkbox"/> Unable to lock doors<input type="checkbox"/> Windows not covered<input type="checkbox"/> Windows left open<input type="checkbox"/> Doors left open<input type="checkbox"/> Difficulties with evacuation of students or staff with disabilities<input type="checkbox"/> Staff and adults unaccounted for<input type="checkbox"/> Staff not serious about drill<input type="checkbox"/> Students unaccounted for | <ul style="list-style-type: none"><input type="checkbox"/> Radio communication problems<input type="checkbox"/> Network/computer problems<input type="checkbox"/> Weather-related problems<input type="checkbox"/> Noise impedes communications<input type="checkbox"/> Students not out of sight (safety/security drill)<input type="checkbox"/> Long time to evacuate<input type="checkbox"/> Students not serious about drill<input type="checkbox"/> Frightened Students (safety/security)<input type="checkbox"/> Improper or unavailable space<input type="checkbox"/> Confusion<input type="checkbox"/> Doors or exits blocked<input type="checkbox"/> Transportation issues<input type="checkbox"/> Interagency communications<input type="checkbox"/> Incident command problems<input type="checkbox"/> Other: _____ |
|---|---|

Weather Conditions

- | | |
|--|---|
| <ul style="list-style-type: none"><input type="checkbox"/> Clear<input type="checkbox"/> Cloudy<input type="checkbox"/> Raining<input type="checkbox"/> Rain and wind | <ul style="list-style-type: none"><input type="checkbox"/> Windy<input type="checkbox"/> Snow/sleet<input type="checkbox"/> Hot (above 80 degrees)<input type="checkbox"/> Cold (40 to 10 degrees) |
|--|---|

Plans for Improvement

- | | |
|---|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Additional staff training<input type="checkbox"/> Additional student training<input type="checkbox"/> Address need for additional equipment<input type="checkbox"/> Improved emergency supplies | <ul style="list-style-type: none"><input type="checkbox"/> Cooperative planning with responders<input type="checkbox"/> Revised emergency procedures<input type="checkbox"/> Improved communication<input type="checkbox"/> Other _____ |
|---|--|

Additional Comments