

Oscoda Area Schools  
Emergency Drill Reporting Form  
2014-2015 School Year

School: <u>Res</u>	Date: <u>4/27/15</u>
Drill # <u>3</u> of <u>5</u>	Total Participants: <u>747</u>
Person Completing Form: <u>Eric Allshouse</u>	Title: <u>Principal</u>

Time Drill Began: <u>2:20</u>	Time Drill Concluded: <u>2:22</u>	Time to Evacuate: <u>2:23 sec's</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input checked="" type="checkbox"/> Fire / Evacuation (5 required) <input type="checkbox"/> Tornado (2 required) <input type="checkbox"/> Lockdown (3 required) <input type="checkbox"/> Shelter-in-Place <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Temperature _____ F

Participants: (check all that apply)	Notification / Alert Method:	Situation at Start
<input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers/Support Staff <input checked="" type="checkbox"/> Students <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Management <input type="checkbox"/> Other	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail	<input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Other _____

Incident Command System Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander:	Operations Chief:
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List the Objectives for the Drill Below:

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Eric Allshouse Principal [Signature] 4/30/15

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Problems Encountered: (check all that apply)	Attach Separate Sheet Documenting
<ul style="list-style-type: none"><li><input type="checkbox"/> Congestion in hallways</li><li><input type="checkbox"/> Alarm not heard</li><li><input type="checkbox"/> Students unsure of what to do</li><li><input type="checkbox"/> Staff unsure of responsibilities</li><li><input type="checkbox"/> Weather-related problems</li><li><input type="checkbox"/> Unable to lock doors</li><li><input type="checkbox"/> Windows not covered</li><li><input type="checkbox"/> Windows left open</li><li><input type="checkbox"/> Doors left open</li><li><input type="checkbox"/> Lights left on</li><li><input type="checkbox"/> Students not accounted for / attendance</li><li><input type="checkbox"/> Difficulty with evacuation of disabled students/staff</li><li><input type="checkbox"/> Unable to access school mapping system</li><li><input type="checkbox"/> Students unaccounted for (note # below)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Radio communication problems</li><li><input type="checkbox"/> Network / computer problems</li><li><input type="checkbox"/> Noise impedes communications</li><li><input type="checkbox"/> Students not out of sight (lockdown drill)</li><li><input type="checkbox"/> Long time to evacuate building</li><li><input type="checkbox"/> Students not serious about drill</li><li><input type="checkbox"/> Frightened students (lockdown drill)</li><li><input type="checkbox"/> Improper or unavailable supplies</li><li><input type="checkbox"/> Confusion</li><li><input type="checkbox"/> Doors or exits blocked</li><li><input type="checkbox"/> Transportation</li><li><input type="checkbox"/> Interagency miscommunication</li><li><input type="checkbox"/> Incident command problems</li><li><input type="checkbox"/> Other: _____</li></ul>

<p><b>Extenuating Circumstances / Identified Factors / Special Conditions Simulated:</b></p>
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Mitigation / Plans for Improvement: (check all that apply below)	
<ul style="list-style-type: none"><li><input type="checkbox"/> Additional staff training</li><li><input type="checkbox"/> Additional student training</li><li><input type="checkbox"/> Address need for additional equipment</li><li><input type="checkbox"/> Improved emergency supplies</li><li><input type="checkbox"/> Cooperative planning with responders</li><li><input type="checkbox"/> Revised emergency procedures</li><li><input type="checkbox"/> Additional drills or exercising needed</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Other (list)</li></ul>

Form Completed by