

**Oscoda Area Schools  
Emergency Drill Reporting Form  
2015-2016 School Year**

|  |                         |
|--|-------------------------|
| School: <u>Oscoda H.S.</u>                   | Date: <u>9/14/15</u>    |
| Drill # <u>1</u> of <u>5</u>                 | Total Participants:     |
| Person Completing Form: <u>Yvonne Mallar</u> | Title: <u>secretary</u> |

|                                |   |                                |
|--------------------------------|---|--------------------------------|
| Time Drill Began: <u>10:04</u> | Time Drill Concluded: <u>10:08</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Time to Evacuate: <u>4 min</u> |
|--------------------------------|---|--------------------------------|

| Type of Drill:   | Type of School:  | Weather Conditions:  |
|--|--|--|
| <input checked="" type="checkbox"/> Fire / Evacuation (5 required)<br><input type="checkbox"/> Tornado (2 required)<br><input type="checkbox"/> Lockdown (3 required)<br><input type="checkbox"/> Shelter-in-Place<br><input type="checkbox"/> Medical Emergency<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Elementary<br><input checked="" type="checkbox"/> High School | <input checked="" type="checkbox"/> Clear<br><input type="checkbox"/> Cloudy<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow / Sleet<br><input type="checkbox"/> Hail<br>Temperature <u>64</u> ° F |

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

|   |                     |                   |
|---|---------------------|-------------------|
| Incident Command System Used?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Incident Commander: | Operations Chief: |
|---|---------------------|-------------------|

|  |
|--|
| List the Objectives for the Drill Below: |
|  |
|  |
|  |
|  |

Oscoda Area Schools Emergency Drill Reporting Form

| Problems Encountered: (check all that apply)   | Attach Separate Sheet Documenting   |
|--|---|
| <input type="checkbox"/> Congestion in hallways<br><input type="checkbox"/> Alarm not heard<br><input type="checkbox"/> Students unsure of what to do<br><input type="checkbox"/> Staff unsure of responsibilities<br><input type="checkbox"/> Weather-related problems<br><input type="checkbox"/> Unable to lock doors<br><input type="checkbox"/> Windows not covered<br><input type="checkbox"/> Windows left open<br><input type="checkbox"/> Doors left open<br><input type="checkbox"/> Lights left on<br><input type="checkbox"/> Students not accounted for / attendance<br><input type="checkbox"/> Difficulty with evacuation of disabled students/staff<br><input type="checkbox"/> Unable to access school mapping system<br><input type="checkbox"/> Students unaccounted for (note # below) | <input type="checkbox"/> Radio communication problems<br><input type="checkbox"/> Network / computer problems<br><input type="checkbox"/> Noise impedes communications<br><input type="checkbox"/> Students not out of sight (lockdown drill)<br><input type="checkbox"/> Long time to evacuate building<br><input type="checkbox"/> Students not serious about drill<br><input type="checkbox"/> Frightened students (lockdown drill)<br><input type="checkbox"/> Improper or unavailable supplies<br><input type="checkbox"/> Confusion<br><input type="checkbox"/> Doors or exits blocked<br><input type="checkbox"/> Transportation<br><input type="checkbox"/> Interagency miscommunication<br><input type="checkbox"/> Incident command problems<br><input type="checkbox"/> Other: _____ |

**Extenuating Circumstances / Identified Factors / Special Conditions Simulated:**

*None - Quick Exit - All accounted for*

**Mitigation / Plans for Improvement: (check all that apply below)**

|   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Additional staff training<br><input type="checkbox"/> Additional student training<br><input type="checkbox"/> Address need for additional equipment<br><input type="checkbox"/> Improved emergency supplies<br><input type="checkbox"/> Cooperative planning with responders<br><input type="checkbox"/> Revised emergency procedures<br><input type="checkbox"/> Additional drills or exercising needed | <input type="checkbox"/> Other (list) |
|---|---------------------------------------|

*Verified*  
Form Completed by

*Tenace Allison*  
Name

*Principal*  
Title

*[Signature]*  
Signature

*9/24/15*  
Date