

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

School: <u>Oscoda Area High School</u>	Date: <u>6-9-16</u>
Drill # <u>3</u> of <u>3</u>	Total Participants:
Person Completing Form: <u>Terence Allison</u>	Title: <u>Principal</u>

Time Drill Began: <u>2:29 pm</u>	Time Drill Concluded: <u>2:44</u>	Time to Evacuate: <u>Lockdown</u> <u>less than 20 seconds</u>
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Type of Drill:	Type of School:	Weather Conditions:
<input type="checkbox"/> Fire / Evacuation (5 required) <input type="checkbox"/> Tornado (2 required) <input checked="" type="checkbox"/> Lockdown (3 required) <input type="checkbox"/> Shelter-in-Place <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Other _____	<input type="checkbox"/> Elementary <input checked="" 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 <u>274</u> ° 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 checked="" 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 checked="" type="checkbox"/> No	Incident Commander:	Operations Chief:
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List the Objectives for the Drill Below:

<u>To practice shelter in place</u>

