

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

School: <u>Richardson Ele. School</u>	Date: <u>1/12/2016</u>
Drill # <u>2 of 3</u>	Total Participants:
Person Completing Form:	Title:

Time Drill Began: <u>10:00</u>	Time Drill Concluded: <u>10:04</u>	<input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time to Evacuate: <u>4.0 MINS</u>
--------------------------------	------------------------------------	---	-----------------------------------

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 checked="" type="checkbox"/> Elementary <input type="checkbox"/> High School	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input checked="" 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 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 _____

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

List the Objectives for the Drill Below:

<u>N/A</u>

Oscoda Area Schools Emergency Drill Reporting Form

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

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

*N/A*

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

<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 <input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Additional drills or exercising needed	<input type="checkbox"/> Other (list) <i>N/A</i>
---	--

Form Completed by

*Eric Alkhouse*  
Name

*Principal*  
Title

*[Signature]*  
Signature

*1/12/18*  
Date