

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

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|---|--------------------------------|
| School: <u>Richardson Ele.</u> | Date: <u>11/16</u> |
| Drill # <u>1</u> of <u>3</u> | Total Participants: <u>724</u> |
| Person Completing Form: <u>Eric Allshouse</u> | Title: <u>Principal</u> |

| | | |
|-------------------------------|--|------------------------------|
| Time Drill Began: <u>8:57</u> | Time Drill Concluded: <u>9:15</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m. | Time to Evacuate: <u>N/A</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 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 checked="" 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: |
|---|---------------------|-------------------|

List the Objectives for the Drill Below:

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| 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: _____ |

Extenuating Circumstances / Identified Factors / Special Conditions Simulated:


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) |
|---|---------------------------------------|

Form Completed by

Eric Allshouse
Name

Principal
Title


Signature

11/9/15
Date