

Oscoda Area Schools  
Emergency Drill Reporting Form  
2017-2018 School Year

|  |                                |
|--|--------------------------------|
| School: <u>Richardson Elem</u>             | Date: <u>10/18/17</u>          |
| Drill # <u>1</u> of <u>3</u>               | Total Participants: <u>652</u> |
| Person Completing Form: <u>Tami Pichla</u> | Title: <u>Principal</u>        |

|                                  |  |                                 |
|----------------------------------|--|---------------------------------|
| Time Drill Began: <u>2:08 PM</u> | Time Drill Concluded: <u>9 MINS</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. | Time to Evacuate: <u>9 MINS</u> |
|----------------------------------|--|---------------------------------|

| Type of Drill:   | Type of School:  | Weather Conditions:  |
|--|--|--|
| <input type="checkbox"/> Fire / Evacuation (5 required)<br><input type="checkbox"/> Tornado (2 required)<br><input checked="" type="checkbox"/> Lockdown (3 required)<br><input type="checkbox"/> Shelter-in-Place<br><input type="checkbox"/> Medical Emergency<br><input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Elementary<br><input 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 _____ 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 type="checkbox"/> Students<br><input checked="" 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 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 | <input type="checkbox"/> Before School<br><input checked="" type="checkbox"/> During Class Time<br><input checked="" 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:<br><u>N/A</u> | Operations Chief:<br><u>N/A</u> |
|---|-----------------------------------|---------------------------------|

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

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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> |

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

| 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

*Jemara Peble*

10/18/2017

Name

Title

Signature

Date