

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

2017-2018

School: <u>Richardson Elem.</u>	Date: <u>10/20/17</u>
Drill # <u>2</u> of <u>5</u>	Total Participants: <u>634</u>
Person Completing Form: <u>Tami Pichler</u>	Title: <u>Principal</u>

Time Drill Began: <u>12:30 31 Sec's.</u>	Time Drill Concluded: <u>12:33<sup>11</sup> Sec's</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	Time to Evacuate: <u>2 min 40 sec.</u>
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<b>Type of Drill:</b>	<b>Type of School:</b>	<b>Weather Conditions:</b>
<input checked="" type="checkbox"/> Fire / Evacuation (5 required) <input type="checkbox"/> Tornado (2 required) <input 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 type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Temperature _____ F

<b>Participants: (check all that apply)</b>	<b>Notification / Alert Method:</b>	<b>Situation at Start</b>
<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 type="checkbox"/> During Class Time <input checked="" 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	<b>Incident Commander:</b> <u>N/A</u>	<b>Operations Chief:</b> <u>N/A</u>
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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

Tamara Pichla,  10/20/17

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Name

Title

Signature

Date

Principal