

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

2017-2018

|  |                                |
|--|--------------------------------|
| School: <u>RES</u>                         | Date: <u>11/28/2017</u>        |
| Drill # <u>3</u> of <u>5</u>               | Total Participants: <u>683</u> |
| Person Completing Form: <u>Tami Pichla</u> | Title: <u>Principal</u>        |

|  |  |                                     |
|--|--|-------------------------------------|
| Time Drill Began: <u>9:59/22 secs.</u> | Time Drill Concluded: <u>10:01/26</u> <sup>secs.</sup> | Time to Evacuate: <u>2MIN 4secs</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)<br><input type="checkbox"/> Tornado (2 required)<br><input 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 checked="" type="checkbox"/> Students<br><input 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 type="checkbox"/> Passing Time<br><input type="checkbox"/> Recess<br><input type="checkbox"/> Lunch Time<br><input type="checkbox"/> Other _____ |

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

List the Objectives for the Drill Below:

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|  |

Oscoda Area Schools Emergency Drill Reporting Form

| 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

Amara Fichta Principal Amara Fichta 11/28/17

Name

Title

Signature

Date