

School Emergency Drills Documentation Form

- | <u>Type of Drill</u> | <u>Time of Drill*</u> |
|--|---------------------------------------|
| <input type="checkbox"/> Fire Drill (5 required, three by Dec. 1) | <input type="checkbox"/> Standard |
| <input checked="" type="checkbox"/> Tornado Drill (2 required, 1 in March) | <input type="checkbox"/> Class Change |
| <input type="checkbox"/> Lock Down/Shelter in Place Drill (3 required, one by Dec. 1 and one after Jan 1.) | <input type="checkbox"/> Recess |
| | <input type="checkbox"/> Other Events |
- *One drill must occur during a transition time

Name of Reporting School: Coon School

Date of Drill: 8/27/19 Time drill was held: 2:00 (pm/am)

Exact time required to evacuate/shelter/secure: 24 sec

Total Participants: 12

Remarks: _____

This report is for emergency drill # 1 for school year 19-20.

Name of person conducting drill: Amy Eaton

Title of person conducting drill: teacher

Signature of person conducting drill: Amy E

Drill Was Coordinated With:

- Emergency Management Coordinator
Name & Title: Doug Devries, Deputy Emergency Management Director

Submit schedule* of drills by September 15
emd@ioniacounty.org

*Notify the Emergency Management Director if there are any changes to the schedule. If a drill is cancelled, it must be rescheduled within 10 days

A copy of this form must be posted onto the school's website within 30 days of the drill and remain on the site for 3 years.