## **School Emergency Drills**

## **Documentation Form**

Type of Drill		
Fire Drill (5 required)	*** 3 Fire drills must be completed before 12/1	
Tornado Drill (2 required)	*** 1 Tornado drill must be completed during me	onth of March
Lock Down/Shelter in Place Drill (3 required)	*** 1 Shelter drill must be completed before 12/ be completed after 1/1 of the school year	1 and 1 must
Name of Reporting School: South	nfield Regional Academic Campus	
Date of Drill: _11/13/20 Tim	ne drill was held: <u>11:00</u>	(am/pm)
Exact time required to evacuate/sh	nelter/secure:1min	
Total Participants:2		
Remarks: Virtual Studen	ts	
This report is for emergency drill #	1 for school year 2020	
Name of person conducting drill: _	Dwayne Eason	
Title of person conducting drill: Principal		
Signature of person conducting dri	ll:	
Drill Was <u>Coordinated</u> With:		
Emergency Management Coor Name & Title		
AND		
1 1	iff or chief of police or designee or MSP)	
OR		
Fire (fire chief or designee) Name & Title		

\*\*\* Please send this form to Scott Tocco (email or fax – 248-746-7731)
within one week of completed drill \*\*\*