

Pre-Drill Planning Form

Drill Type					
<input type="checkbox"/> Fire/ Evacuation	<input type="checkbox"/> Secure	<input type="checkbox"/> Lockdown	<input type="checkbox"/> Shelter (Severe Weather)	<input type="checkbox"/> Shelter (Hazmat)	<input type="checkbox"/> Hold (Not mandated by law)
Drill Date:					
Drill Purpose					
During this drill we plan to test our ability to do the following:					
Drill Objective					
Objective Number	Objective	Assigned To	Due		
Completed by:			Date:		

Post-Drill Assessment Form

Campus or Facility Name: _____	Drill Date: _____
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In accordance with the district's Emergency Operations Plan and this campus' commitment to safety and security, this campus conducted a drill with the following results:

Check all that apply:

<input type="checkbox"/> Fire/ Evacuation	<input type="checkbox"/> Secure	<input type="checkbox"/> Lockdown	<input type="checkbox"/> Shelter (Severe Weather)	<input type="checkbox"/> Shelter (Hazmat)	<input type="checkbox"/> Hold (Not mandated by law)
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Date of Drill:		Percent of Campus Involved:	
Drill Start Time:		Drill End Time:	

During this drill we tested our ability to do the following: _____

(if an actual event, summarize what happened)

Was a Campus Command Post Established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , where?/If no , why not: _____		
Was the Incident Command System Used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were first responders or district police involved (including school based law enforcement)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How long did drill and student/faculty accountability process take? _____		
Were any special circumstances tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes explain and/or indicate below: _____		
<input type="checkbox"/> Obstructed	<input type="checkbox"/> Unobstructed	<input type="checkbox"/> Accountability
<input type="checkbox"/> Other		

Lessons Learned

What happened during the drill?	_____		
What was supposed to happen?	_____		
Why were there differences?	_____		
Will this drill result in changes to plans, policies or procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Person who will ensure updates: _____

Report Completed by: _____	Date Submitted: _____	
Do you have questions for district emergency management or other responders?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Drill Evaluator Form

Drill Date:					
Drill Type					
<input type="checkbox"/> Fire/ Evacuation	<input type="checkbox"/> Secure	<input type="checkbox"/> Lockdown	<input type="checkbox"/> Shelter (Severe Weather)	<input type="checkbox"/> Shelter (Hazmat)	<input type="checkbox"/> Hold (Not mandated by law)
Drill Purpose					
The purpose of this drill is:					
Point of Review					
Objective Number	Objective	Yes	No	N/A <small>Not Applicable</small>	N/O <small>Not Observed</small>
Comments:					
Completed by:				Date:	