School Emergency Drills
Online Documentation Form

Type of Drill

- ☐ Fire (5 required)
- ☐ Tornado (2 required)
- ☒ Lock Down/Shelter in Place (3 required)

Time of Drill

- ☒ Standard
- ☐ Class Change
- ☐ Recess
- ☐ Lunch

Name of Reporting School: Coloma Intermediate School

Date of Drill: 10/4/17 Time drill was held: 9:00 (am / pm)

Exact time required to evacuate / shelter / secure: _____

Total Participants: 210

Remarks: _____

This report is for emergency drill # 3 of 10 for the school year 2017-18.

Name of person conducting the drill: Darla England

Title of person conducting the drill: Principal

Signature of person conducting the drill: Dr. Darla England

Outside agency assisted with the drill or was coordinated with (*select all that apply*):

- ☐ Not Applicable
- ☐ Emergency Management Coordinator
  Name & Title _____
- ☒ Law Enforcement (county sheriff or chief of police or designee or MSP)
  Name & Title Jason Roe Chief of Police
- ☐ Fire (fire chief or designee)
  Name & Title _____