# 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: 1/10/18 Time drill was held: 9:30 (pm / am)

Exact time required to evacuate / shelter / secure: _____

Total Participants: _____

Remarks: _____

This report is for emergency drill # 2 of 10 for the school year 2016-17.

Name of person conducting the drill: Sharla England

Title of person conducting the drill: Principal

Signature of person conducting the drill: Sharla L 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 Rose Chief of Police
- ☐ Fire (fire chief or designee)
  Name & Title _____