

VOCED _____
MS-HS _____
A, S, FACE _____
Day Care _____
Elementary _____

School Emergency Drills Documentation Form

<u>Type of Drill</u>	<u>Time of Drill</u>
<input checked="" type="checkbox"/> Fire Drill (6 required)	___ Standard
___ Tornado Drill (2 required)	___ Class Change
___ Lock Down / Shelter in Place Drill (2 required)	___ Recess
	___ Other Events

Name of Reporting School: Hannabville Indian School /NTW

Date of Drill: 11-8-16 Time drill was held: 10:05 (p.m.)

Exact time required to evacuate/shelter/secure: 3mins 35 seconds

Total Participants: 360

Remarks: _____

This report is for emergency drill # 4 for school year 16-17.

Name of person conducting drill: William Boda

Title of person conducting drill: Director of Operations Management

Signature of person conducting drill: William E. Boda

Drill Was Coordinated With:

Emergency Management Coordinator
Name & Title Rich Sexton

AND [Signature]

Law Enforcement (county sheriff or chief of police or designee or MSP)
Name & Title _____

OR

Fire (fire chief or designee)
Name & Title _____