## **School Emergency Drills**

## **Documentation Form**

Name of Reporting School: WAY Michigan	
Date of Drill: 3/4/20 Time drill was held: 10:06 (pm@m)	
Exact time required to evacuate/shelter/secure: 4 minutes	
Total Participants:3	
Remarks: Completed fourth fire will.	
This report is for emergency drill # for school year	
Name of person conducting drill:	
Title of person conducting drill: Assistant Director	
Signature of person conducting drill: On Middlett	
Drill Was <u>Coordinated</u> With:	
Emergency Management Coordinator Name & Title	
AND	
Law Enforcement (county sheriff or chief of police or designee or MSP)  Name & Title	
	OR
Fire (fire chief or designee) Name & Title	