

School Emergency Drills Documentation Form

Name of Reporting School: WAY Michigan

Date of Drill: 09-24-2020 Time drill was held: 3:00 (pm/am)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 1

Remarks: N/A

This report is for emergency drill # 2 for school year 2020-21

Name of person conducting drill: Kelyn Wilkins

Title of person conducting drill: Administrative Assistant

Signature of person conducting drill: Kelyn Wilkins

Drill Was Coordinated 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 _____