## **School Emergency Drills**

## **Documentation Form**

|   | Type of Drill  |                            |
|---|--|----------------------------|
|   | Fire Drill (5 required) *** 3 Fire drills must be completed  | d before 12/1              |
|   | Tornado Drill (2 required) *** 1 Tornado drill must be comple  | eted during month of March |
| ,   | Lock Down/Shelter in Place *** 1 Shelter drill must be completed after 1/1 of the state of the s |                            |
| Name of Reporting School: Southfield A + T  Date of Drill: 11/30/21 Time drill was held: 2 P.M.  Exact time required to evacuate/shelter/secure: 2:0+p.M 7m  Total Participants: 1101 |  | 1.4T<br>P.M 7minuts        |
|   | Remarks:   |                            |
|   |  |                            |
| This report is for emergency drill # for school year 21/22  Name of person conducting drill: Tracy Hall   |  |                            |
|   | Title of person conducting drill:  Signature of person conducting drill:   |                            |
|   | Drill Was Coordinated With:  |                            |
|   | Emergency Management Coordinator Name & Title  |                            |
|   | AND  |                            |
| Name & Title Officer (Will - Sh)  |  | e or MSP)                  |
|   | OR   |                            |
|   | Fire (fire chief or designee) Name & Title   |                            |
|   |  |                            |

\*\*\* Please send this form to Scott Tocco (email or fax – 248-746-7731) within <u>one week</u> of completed drill \*\*\*