SRAC

School Emergency Drills Documentation Form

Type of Drill Fire Drill (5 required) *** 3 Fire drills must be completed before 12/1 Tornado Drill (2 required) *** 1 Tornado drill must be completed during month of March Lock Down/Shelter in Place *** 1 Shelter drill must be completed before 12/1 and 1 must Drill (3 required) be completed after 1/1 of the school year Name of Reporting School: Southfield Regional Academic Campus Date of Drill: _11/16/20_____ Time drill was held: _1:15_____ (am/pm) Exact time required to evacuate/shelter/secure: 1min. Total Participants: ___2_ Remarks: VIRTUAL This report is for emergency drill #____ for school year ____ 2020_____ Name of person conducting drill: _____ Dwayne Eason_____ Title of person conducting drill: Principal Signature of person conducting drill: 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

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

Name & Title _____

Fire (fire chief or designee)