Montague Area Public Schools

# Emergency Drill Documentation Form

**School Year 20-21**

Reporting School: NBC   
Drill # for The School Year: 1/2\_\_\_\_\_\_

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**Type of Drill:**

\_\_\_ Fire Drill (5 required; 3 drills in the fall, 2 in the remaining school year)  
\_\_X\_ Tornado Safety Drills (2 required in the school year; 1 must be held in March)  
\_\_\_ Lock Down (3 required; 1 before December 1 & 1 after January 1)C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Lines\BD10219_.gif

**Time of Drill:**   
\*At least one drill is required to not be during class time.

\_\_X During class time  
\_\_\_ In between classes/during class changes\*  
\_\_\_ Recess or lunch time\*  
\_\_\_ Other time when a significant number of the students are gathered but not in the class room\*C:\Program Files\Microsoft Office\MEDIA\OFFICE14\Lines\BD10219_.gif

Date of Drill: \_\_\_\_\_\_\_\_02/18/2021\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Drill: \_\_\_\_\_\_\_10:50\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Required to Evacuate/Shelter/Secure: \_\_40\_\_ Total Number of Participants: \_\_\_\_168

Remarks/Observations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_all students and staff followed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ procedure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of School Principal (or designee): \_\_\_Jim Perreault \_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if not conducted by Principal)

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If the drill was coordinated with agencies such as Law Enforcement, Fire Department, or Emergency Management Coordinator, list agency, name, title here.

Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_