WARREN CONSOLIDATED SCHOOLS
EMERGENCY DRILLS DOCUMENTATION FORM

2019-2020 **School Year**

TYPE OF DRILL	**TIME OF DRILL**
☐ Fire Drill – ***5 required*** **Conduct one prior to 12/1***	☐ Standard
☐ Tornado (Take Shelter) Drill – ***2 required*** **Conduct one at the beginning of 1st sem. and beginning of 2nd sem.***	☐ Class Change
☑ Lock Down – ***3 required*** **Conduct one prior to 12/1***	☐ Recess
☐ AED/Cardiac Event	☐ Other Events (e.g. Lunch)
☐ Other (e.g. bus evac.)	

Mandatory Drills ***Mandated by changes to the school code**

Name of Reporting School Community High School

Date of Drill 2.11.20 Time drill was held 2:17

Exact time required to evacuate/shelter/secure _____

Total Participants 100

Remarks A.L.I.C.E DRILL

Total required drills complete to date 2

Name and title of person conducting drill Catherine West

Signature of person conducting drill Catherine West

Drill was coordinated with:

☐ Emergency Manager/Fire/Police

Name and Title _____

☐ Drill Submitted Electronically Date _____