



# Emergency Drill Reporting Form

<b>School:</b> Walkerville Public Schools	<b>Date:</b> 9/20/18	
<b>District:</b> Walkerville	<b># Students:</b> 250	<b># Staff:</b> 40
<b>Person Completing Form and Title:</b> Joseph Conkle Principal	<b># Visitors:</b>	<b>TOTAL PARTICIPANTS:</b> 290

<b>Time Drill Began:</b> 2:32	<b>Time Drill Concluded:</b> 2:38	<b>Time to Evacuate:</b> (fire/evacuation drills only) 6 MIN
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<b>Type of Drill:</b> <input checked="" type="checkbox"/> Fire / Evacuation 1 of 5 <input type="checkbox"/> Lockdown <input type="checkbox"/> Modified Lockdown <input type="checkbox"/> Shelter-in-Place (SiP) <input type="checkbox"/> Medical Emergency <input type="checkbox"/> Weather Emergency <input type="checkbox"/> Other: _____	<b>Type of School:</b> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> Junior High School <input type="checkbox"/> High School <input type="checkbox"/> K-8 <input checked="" type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Other	<b>Weather Conditions:</b> <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature _____ F
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<b>Participants:</b> (check all that apply) <input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	<b>Notification / Alert Method:</b> <input checked="" type="checkbox"/> Bell or Buzzer <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Other:	<b>Situation at Start of Drill:</b> <input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input type="checkbox"/> Recess <input type="checkbox"/> Lunch Time <input type="checkbox"/> Assembly <input type="checkbox"/> After School <input type="checkbox"/> Other:
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<b>Incident Command System Used?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Incident Commander:</b>	<b>Operations Chief:</b>
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**LIST THE OBJECTIVES for the DRILL BELOW**

Determine time to evacuate building
test evacuation procedures





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<b>Problems Encountered:</b> (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<input type="checkbox"/> Congestion in hallways <input checked="" type="checkbox"/> Alarm not heard <input type="checkbox"/> Students unsure of what to do / proper <input type="checkbox"/> Staff unsure of responsibilities / response <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Unable to lock doors <input type="checkbox"/> Windows not covered <input type="checkbox"/> Windows left open <input type="checkbox"/> Doors left open <input checked="" type="checkbox"/> Lights left on <input type="checkbox"/> Students not accounted for / attendance <input type="checkbox"/> Difficulties with evacuation of disabled students or staff <input type="checkbox"/> Unable to access school mapping system <input type="checkbox"/> Students unaccounted for (note # below)	<input type="checkbox"/> Radio communication problems <input type="checkbox"/> Network / computer problems <input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Students not out of sight (lockdown drill) <input type="checkbox"/> Long time to evacuate building <input type="checkbox"/> Students not serious about drill <input type="checkbox"/> Frightened students (lockdown drill) <input type="checkbox"/> Improper or unavailable supplies (SiP) <input type="checkbox"/> Confusion <input type="checkbox"/> Doors or Exits blocked <input type="checkbox"/> Transportation <input type="checkbox"/> Interagency miscommunications <input type="checkbox"/> Incident command problems <input type="checkbox"/> Other: _____ _____

**Extenuating Circumstances / Identified Factors / Special Conditions Simulated:**

Fire rescue showed up in trucks and gear to simulate actual response

**Mitigation / Plans for Improvement:** (check all that apply and explain below)

<input type="checkbox"/> Additional staff training <input type="checkbox"/> Additional student training <input type="checkbox"/> Address need for additional equipment <input type="checkbox"/> Improved emergency supplies <input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Additional Drills or Exercising Needed	<input checked="" type="checkbox"/> OTHER (list) Work on Alarm system
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Form Completed by

Joseph Conkle

Printed Name

Principal

Title

*Joe Conkle*

Signature

9/21/18

Date

