

School Drill Documentation Form

| Type of Drill | Number/Schedule |
|-----------------|--|
| Fire | Five – Three drills must be completed by December 1 |
| Tornado | Two – One drill must be completed in March |
| Safety/Security | Three – One drill must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none">One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material.One drill shall include security measures of a potentially dangerous individual on or near the school premises.Seek input from the administration of the school and local public safety on the nature of the drill. |

Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.

School: LAKE ORION HIGH SCHOOL
Principal: STEPHEN HAWLEY
Date of drill: 09/16/2021 Number of students: 2229 Number of staff: 160
Time initiated: 10:10 (a.m./p.m.) Time concluded: 10:17 (a.m./p.m.)

| Situation at Start of the Drill (Check the appropriate box) | | | |
|---|---|---------------------------------------|---------------------------------|
| <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: |

Remarks: _____

This report is for:
(circle number next to applicable drill)

Fire drill number 1 2 3 4 5 for the 2021/2022 school year

Tornado drill number 1 2 for the 2021/2022 school year

Safety/Security drill number 1 2 3 for the 2021/2022 school year

Name of person conducting drill: VERNON BURDEN

Title of person conducting drill: ASSISTANT PRINCIPAL

Signature or person conducting drill: V. Burden Date: 9/16/21

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: OAKLAND COUNTY SHERIFF Name: CLAUDIO LOPEZ Title: DEPUTY/SRO

Agency: _____ Name: _____ Title: _____

Agency: _____ Name: _____ Title: _____

Must post on the school's website within 30 days after completing the drill.
The form must be maintained on the school website for at least three years.

School Drill Observation Form

Problems Encountered (Check all that apply)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Congestion in hallways <input type="checkbox"/> Alarm not heard <input type="checkbox"/> Students unsure of proper procedures <input type="checkbox"/> Staff unsure of proper procedures <input type="checkbox"/> Use of personal technologies by students <input type="checkbox"/> Use of personal technologies by staff <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 type="checkbox"/> Difficulties with evacuation of students or staff with disabilities <input type="checkbox"/> Staff and adults unaccounted for <input type="checkbox"/> Staff not serious about drill <input type="checkbox"/> Students unaccounted for | <ul style="list-style-type: none"> <input type="checkbox"/> Radio communication problems <input type="checkbox"/> Network/computer problems <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Students not out of sight (safety/security drill) <input type="checkbox"/> Long time to evacuate building <input type="checkbox"/> Students not serious about drill <input type="checkbox"/> Frightened students (safety/security drill) <input type="checkbox"/> Improper or unavailable supplies <input type="checkbox"/> Confusion <input type="checkbox"/> Doors or exits blocked <input type="checkbox"/> Transportation issues <input type="checkbox"/> Interagency communication issues <input type="checkbox"/> Incident command problems <input type="checkbox"/> Other: _____ |
|--|---|

Weather Conditions

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind | <ul style="list-style-type: none"> <input type="checkbox"/> Windy <input type="checkbox"/> Snow/sleet <input type="checkbox"/> Hot (above 80 degrees) <input type="checkbox"/> Cold (40 to 10 degrees) |
|---|--|

Plans for Improvement

- | | |
|--|--|
| <ul style="list-style-type: none"> <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 | <ul style="list-style-type: none"> <input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input type="checkbox"/> Improved communication <input type="checkbox"/> Other: _____ |
|--|--|

Additional Comments