

Sent to CBO \_\_\_\_\_  
 Forwarded to Tech \_\_\_\_\_  
 Forwarded to Emrg. Mgnt \_\_\_\_\_

MASON COUNTY  
 SCHOOL EMERGENCY DRILLS DOCUMENTATION FORM

<b>Reporting School:</b>	SCOTTSVILLE ELEM.
<b>School Year:</b>	2017-18
<b>Drill # for the School Year:</b> (example: #3/5 Fire; ½ Tornado; 1/3 Lockdown)	3/3 Lockdown

**Type of Drill:**

<input type="checkbox"/>	Fire Drill (5 required; 3 drills by December 1 <sup>st</sup> , 2 in the remaining school year.)
<input type="checkbox"/>	Tornado Safety Drills (2 required in the school year, with 1 required in March)
<input checked="" type="checkbox"/>	Lock Down/Shelter-in-Place (3 required, with 1 due by December 1 and 1 due after January 1)

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

<input checked="" type="checkbox"/>	During class time
<input type="checkbox"/>	In between classes/during class changes*
<input type="checkbox"/>	Recess or lunch time*
<input type="checkbox"/>	Other time <i>when a significant number of the students are gathered but not in the classroom.</i>

<b>Date &amp; Time of Drill:</b>	2-20-18 8:30 AM
<b>Time required to evacuate/shelter/secure personnel:</b>	Less than 1 minute
<b>Total Number of participants:</b>	Appx. 300
<b>Drill Remarks or Observations:</b>	
<b>Name of School Principal (or designee):</b> CHRIS ETCHISON	
<b>Signature of School Principal:</b> <i>Chris Etchison</i>	
<i>If drill is conducted by someone other than school principal</i>	
<b>Name &amp; Title of Person Conducting Drill:</b> CHRIS ETCHISON PRINCIPAL	

<b>Drill Coordinated With</b>	<b>Name &amp; Title</b>
<input type="checkbox"/> Emergency Management Coordinator:	
<input type="checkbox"/> Law Enforcement Agency:	
<input type="checkbox"/> Fire Department	

Submit Completed Forms to Carla at CBO. All forms will be forwarded to Mason County Emergency Management by Carla.