



Emergency Drill Reporting Form

School: Walkerville Public Schools	Date: 10/17/18	
District: Walkerville	# Students: 264	# Staff: 26
Person Completing Form and Title: Joseph Conkle Principal	# Visitors: 4	TOTAL PARTICIPANTS: 294

Time Drill Began: 1:20 pm	Time Drill Concluded: 1:25 pm	Time to Evacuate: (fire/evacuation drills only) 3 min
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Type of Drill: <input checked="" type="checkbox"/> Fire / Evacuation <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: _____	Type of School: <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	Weather Conditions: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input checked="" type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail Ambient Temperature 43 F
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Participants: (check all that apply) <input checked="" type="checkbox"/> School Administrators <input checked="" type="checkbox"/> Teachers / Para-educators <input checked="" type="checkbox"/> Custodial Staff <input checked="" type="checkbox"/> Students <input type="checkbox"/> School Security Officers <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Other	Notification / Alert Method: <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:	Situation at Start of Drill: <input type="checkbox"/> Before School <input checked="" type="checkbox"/> During Class Time <input type="checkbox"/> Passing Time <input checked="" 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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Incident Command System Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Incident Commander:	Operations Chief:
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LIST THE OBJECTIVES for the DRILL BELOW

• Provide confidence and practice emergency evacuation





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Problems Encountered: (Check all that apply)	Attach Separate Sheet Documenting Specific Issues
<ul style="list-style-type: none"> <input type="checkbox"/> Congestion in hallways <input 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 checked="" type="checkbox"/> Doors left open <input 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) 	<ul style="list-style-type: none"> <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:

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<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 <input type="checkbox"/> Cooperative planning with responders <input type="checkbox"/> Revised emergency procedures <input checked="" type="checkbox"/> Additional Drills or Exercising Needed 	<input type="checkbox"/> OTHER (list)

Form Completed by Joseph Cankle Principal Signature 10/17/18
 Printed Name Title Signature Date