

Post-Incident and Exercise Review

GENESEE COUNTY EMERGENCY DRILLS FOR SCHOOLS DOCUMENTATION FORM*

Type of Drill

- Fire Drill/Evacuation (5 required)
 Tornado (2 required)
 Lock Down and/or Shelter in Place Drill (3 required)

Time of Drill

- Standard
 Class Change
 Recess
 Lunch

School District: WAY Academy - Flint

School Year: 2020-21

School: WAY Academy

Local Fire or Law Enforcement Agency: _____

School Safety Officer (if applicable): _____

Date of Drill: 9/16/20 Time: 9:10 am

Exact Time Required to Evacuate/Shelter/Secure: 1 min 30 sec

Total Participants: 5

Remarks: only staff in building

This report is for emergency drill # 1 of total 5 (Fire (5) Tornado (2), Lock Down or Shelter in Place (3))

Name of person conducting drill: Shelly Smith Title: Director

Signature of person conducting drill: Shelly Smith

Public Safety Agency Present at Time of Drill (if applicable):

Name and Title/Department: _____

*FOR INTERNAL DOCUMENTATION PURPOSES ONLY. Use the information from this Post-Incident and Exercise Review to update the Drill Documentation Form for public posting on the district's website.

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- | Type of Drill | Time of Drill |
|---|--|
| <input checked="" type="checkbox"/> Fire Drill/Evacuation (5 required) | <input checked="" type="checkbox"/> Standard |
| <input type="checkbox"/> Tornado (2 required) | <input type="checkbox"/> Class Change |
| <input type="checkbox"/> Lock Down and/or Shelter in Place Drill (3 required) | <input type="checkbox"/> Recess |
| | <input type="checkbox"/> Lunch |

School District: WAY Academy - Flint

School Year: 2020-21

School: WAY Academy

Local Fire or Law Enforcement Agency: _____

School Safety Officer (if applicable): _____

Date of Drill: 9/28/20 Time: 3:00

Exact Time Required to Evacuate/Shelter/Secure: 1 min 20 sec

Total Participants: 5

Remarks: only staff in building

This report is for emergency drill # _____ of total _____ [Fire (5), Tornado (2), Lock Down or Shelter in Place (3)]

Name of person conducting drill: Shelly Smith Title: Director

Signature of person conducting drill: Shelly Smith

Public Safety Agency Present at Time of Drill (if applicable): _____

Name and Title/Department: _____

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