

Post-Incident and Exercise Review

GENESEE COUNTY EMERGENCY DRILLS FOR SCHOOLS DOCUMENTATION FORM*

- | Type of Drill | Time of Drill |
|---|--|
| <input type="checkbox"/> Fire Drill/Evacuation (5 required) | <input checked="" type="checkbox"/> Standard |
| <input checked="" 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: 3-22-21 Time: 11:00 am

Exact Time Required to Evacuate/Shelter/Secure: ~~15~~ 50 sec

Total Participants: 8

Remarks: Everything went smoothly.

This report is for emergency drill # 2 of total 2 [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.