

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: 4-12-21 Time: 1 min 4 sec

Exact Time Required to Evacuate/Shelter/Secure: _____

Total Participants: 7

Remarks: _____

This report is for emergency drill # 4 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.