

School Drill Documentation Form

Type of Drill	Number/Schedule
Fire	Five – Three drills must be completed by December 1
Tornado	Two – One drill must be completed in March
Safety/Security	Three – One drill must be completed prior to December 1 and one after January 1 <ul style="list-style-type: none"> One drill shall include security measures that are appropriate to an emergency such as the release of a hazardous material. One drill shall include security measures of a potentially dangerous individual on or near the school premises. Seek input from the administration of the school and local public safety on the nature of the drill.
Note - At least one of the drills must be conducted during a lunch or recess period, or at another time when students are gathered but not in classrooms.	

School: Wayland Union Middle School

Principal: Carolyn E. Whyte

Date of drill: 11/4/21 Number of students: 650+ Number of staff: 55+

Time initiated: 1:31 (a.m./p.m.) Time concluded: ~~1:32~~ 1:32:30 (a.m./p.m.)

Situation at Start of the Drill (Check the appropriate box)			
<input type="checkbox"/> Before school	<input checked="" type="checkbox"/> During class time	<input type="checkbox"/> Passing time	<input type="checkbox"/> Recess
<input type="checkbox"/> Lunch time	<input type="checkbox"/> Assembly	<input type="checkbox"/> After school	<input type="checkbox"/> Other:

Remarks: STUDENTS/STAFF DID AN EXCELLENT JOB. NEED TO GET A CLASS LIST FOR 1 CLASS in the Emergency packet, Cards for another teacher

This report is for: Fire drill number **1** 2 **3** **4** **5** for the 2021/2022 school year
 (circle number next to applicable drill)

Tornado drill number **1** **2** for the 2021/2022 school year

Safety/Security drill number **1** **2** **3** for the 2021/2022 school year

Name of person conducting drill: TJ RESTON

Title of person conducting drill: ASSISTANT PRINCIPAL

Signature or person conducting drill: [Signature] Date: 11/4/21

If the drill was coordinated with agencies such as law enforcement, fire department, or emergency management, list the agency, official's name, and title.

Agency: Allegan County Sheriff's Name: _____ Title: _____

Agency: Wayland Security Name: MATT MILLER Title: Security Officer

Agency: _____ Name: _____ Title: _____

*Must post on the school's website within 30 days after completing the drill.
 The form must be maintained on the school website for at least three years.*