AREA SCHOOLS Documentation Form

74500 Burk Street, Armada, Michigan 48005 · (586) 784-2112 · FAX: (586) 784-9592

Type of Drill	Time of Drill
☐ Fire Drill (5 Required)	Standard
■ Tornado Drill (2 Required)	□ Class Change
Lockdown Drill (3 Required)	☐ Recess
	Other Event
Name of Reporting School: (Click to select scho	<u>ol)</u>
Date of Drill: 09/14/23 Time of drill: 12:35 am Exact time required to secure: 2:15 Total Participants: 515	
Remarks:	·
This report is for emergency drill #\frac{1 \text{ of 2}}{2} for the school Name of person conducting drill: Mark J Gosci Title of person conducting drill: Associate Prin	ewski
Signature of person conducting drill:	\$ 6
Drill was coordinated with:	
Emergency Management Coordinator Name & Title: Tim Woelkers - AAS Secur	ity Director
■ Law Enforcement (Chief or designee)	
Name & Title: Richard Maerle - Armada Police	
Fire (Chief or designee)	9/14/17
Name & Title: Kevin Kanehl - ATFD	Date (/