

## **Emergency Drill Documentation Form**

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

Type of Drill			Time of D	<u>riii</u>		
Fire Drill (5 Required)			Standard			
Tornado Drill (2			Class Change			
Required)		X	Recess			
Lockdown Drill (3 Required)			Other Event			
Name of Reporting School: Armada Middle School						
Date of Drill: 02/24/2021Time of Drill: 11:30 amExact time required to secure: 10:00Total Participants304						
Remarks: Time included a review of ALICE procedures for our students.						
This report is for emergency drill #6 for the Name of person conducting drill: As Signature of person conducting drill: As Manager of the Name of person conducting drill: As Signature of person conducting drill: As Manager of the Name of the	Matthew Gillett	021_				
Drill was coordinated with:	ww.		Bu	uilding Pri	ncipal	
X   Emergency Management Coordinator   Name & Title: Nancy Buyle - MISD				- 14 1.		
Law Enforcement (Chief or designee)  Name & Title: Mike Patrick – Armada Police			Signatu	ire / suil	loof	
Fire (Chief or designee)  Name & Title: Dan Reynolds - ATFD			Date	Signature / Lus Machy		