

# Emergency Drill Reporting

## Introduction

[Second Substitute House Bill 1216 \(2019–20\) Session Law](#) changed the configuration of required emergency drills, which all schools are required to conduct. 2SHB 1216 (2019–20) recognizes that, due to geographic location, schools have unique safety challenges. It is the responsibility of school principals and administrators to assess the threats and hazards most likely to impact their school.

Schools are required to have at least one drill per month, including summer sessions with students. Drills must practice four basic functional threat or hazard responses:

1. **Shelter-in-Place**—To limit the exposure of students and staff to hazardous materials, such as chemical, biological, or radiological contaminants, released into the environment by isolating the inside environment from the outside
2. **Lockdown**—To isolate students and staff from threats of violence, such as suspicious trespassers or armed intruders, that may occur in a school or in the vicinity of a school; and
  - a. [Substitute House Bill \(SHB\) 1941 \(21–2022\) Session Law](#) adds the following language: “Lockdown drills may not include live simulations of or reenactments of active shooter scenarios that are not trauma-informed and age and developmentally appropriate.”
3. **Evacuation**—To move students and staff away from threats, such as fires, oil train spills, or tsunamis
  - a. In addition, a pedestrian evacuation drill must be included for schools in either a mapped tsunami or lahar hazard zone
4. **Earthquake**—To practice the "drop, cover, and hold" protocol
  - a. The annual October [Great Washington ShakeOut](#) provides an excellent opportunity to practice drop, cover and hold on

At a minimum, schools shall document the date, time, and type of each required drill, and shall maintain the documentation in the school office. Districts and schools may also determine additional documentation sites and methods.

## Sample Emergency Drill Reporting Form

Sample Emergency Drill Reporting Form	
Date:	
School:	
District:	
Your Name and Title:	
Number of Students:	
Number of Staff:	



Time Alarm Sounded:	
Time Drill Concluded:	
Time to Evacuate (Evacuation Drills Only):	
Type of Drill:	<input type="checkbox"/> Shelter-in-Place <input type="checkbox"/> Lockdown <input type="checkbox"/> Evacuation <input type="checkbox"/> Earthquake <input type="checkbox"/> Other: Additional Notes:
Type of School/Building:	<input type="checkbox"/> Pre-School <input type="checkbox"/> Elementary <input type="checkbox"/> Middle School <input type="checkbox"/> High School <input type="checkbox"/> K-8 <input type="checkbox"/> K-12 <input type="checkbox"/> Alternative School <input type="checkbox"/> Transportation <input type="checkbox"/> Warehouse <input type="checkbox"/> Administration <input type="checkbox"/> Other: Additional Notes:
Weather Conditions:	<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Rain and wind <input type="checkbox"/> Windy <input type="checkbox"/> Snow and/or Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Hot (Above 80 degrees) <input type="checkbox"/> Cold (40 to 10 Degrees) <input type="checkbox"/> Severe cold (____0) Additional Notes:
Participants:	<input type="checkbox"/> School Administrators <input type="checkbox"/> Teachers / Para-educators <input type="checkbox"/> Custodial Staff <input type="checkbox"/> Students <input type="checkbox"/> School Security Officers



	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire Department <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> County Emergency Mgmt. <input type="checkbox"/> Parents and /or Volunteers <input type="checkbox"/> Other: Additional Notes:
Notification:	<input type="checkbox"/> Bell or Buzzer <input type="checkbox"/> Enhanced Alert System <input type="checkbox"/> Intercom <input type="checkbox"/> Phone <input type="checkbox"/> Voice Notification <input type="checkbox"/> Siren <input type="checkbox"/> Reverse 911 or Shout Out <input type="checkbox"/> Other: Additional Notes:
Situation at Start of Drill:	<input type="checkbox"/> Before School <input 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: Additional Notes:
Staff Previously Trained on Emergency Procedures this School Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Students Previously Trained on Emergency Procedures this School Year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Command System Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Commander:	
Operations Chief:	
Problems Encountered:	<input type="checkbox"/> Congestion in Hallways <input type="checkbox"/> Alarm not Heard



	<input type="checkbox"/> Students Unsure of what to do and/or <input type="checkbox"/> Proper Response <input type="checkbox"/> Staff Unsure of Responsibilities and/or Proper Response <input type="checkbox"/> Use of Personal Technologies by Students <input type="checkbox"/> Use of Personal Technologies by Staff <input type="checkbox"/> Unable to Lock Doors <input type="checkbox"/> Doors left Open <input type="checkbox"/> Windows not Covered <input type="checkbox"/> Windows Left Open <input type="checkbox"/> Difficulties with Evacuation of People with Disabilities <input type="checkbox"/> Staff and/or Adults Unaccounted for <input type="checkbox"/> Number of Adults Unaccounted for: <input type="checkbox"/> Students unaccounted for <input type="checkbox"/> Number of Students Unaccounted for: <input type="checkbox"/> Radio Communication Problems <input type="checkbox"/> Network or Computer Problems <input type="checkbox"/> Weather Related Problems <input type="checkbox"/> Noise Impeding with Communications <input type="checkbox"/> Students Visible (Lockdown Drill) <input type="checkbox"/> Long Evacuation Times <input type="checkbox"/> Improper or Unavailable Supplies <input type="checkbox"/> Blocked Door(s) or Exit(s) <input type="checkbox"/> Transportation Issues <input type="checkbox"/> Interagency Miscommunications <input type="checkbox"/> Incident Command System Problems <input type="checkbox"/> Other: Additional Notes:
Extenuating Circumstances, Identified Factors, and/or Special Conditions Simulated:	



<p>Mitigation and/or Plans for Improvement:</p>	<div data-bbox="824 193 1364 514"> <input type="checkbox"/> Additional Staff Training  <input type="checkbox"/> Additional Student Training  <input type="checkbox"/> Need for Additional Equipment  <input type="checkbox"/> Improved Emergency Supplies  <input type="checkbox"/> Cooperative Planning with Responders  <input type="checkbox"/> Revised Emergency Procedures  <input type="checkbox"/> Improved Communication  <input type="checkbox"/> Other: </div> <p>Additional Notes:</p>
<p>Explain Correction(s) Needed and who is Responsible for any Corrective Efforts:</p>	

