

Jackson Public School District

OFFICE OF CAMPUS ENFORCEMENT

Emergency Drill Reporting Form

Name of Person Completing Form and Title: _____ Location: _____

Date: _____ School Safety/Campus Enforcement Personnel: _____

Time Drill Started:	Time Drill Concluded:	Total Time of Drill: (exit and reentry time of evacuation drills)
Type of Drill: <input type="checkbox"/> Fire/Bomb Search/Evacuation <input type="checkbox"/> Tornado/Severe Weather <input type="checkbox"/> Active Shooter Intruder/Lockdown <input type="checkbox"/> Earthquake <input type="checkbox"/> Other: _____	Notification / Alert Method: <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"/> Other: _____	Weather Conditions: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Raining <input type="checkbox"/> Windy <input type="checkbox"/> Snow / Sleet <input type="checkbox"/> Hail
Participants: (check all that apply) <input type="checkbox"/> Administrators <input type="checkbox"/> Office Personnel <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> School Safety Officers <input type="checkbox"/> Campus Enforcement <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"/> Students <input type="checkbox"/> Other _____	Situation at Start of Drill: <input type="checkbox"/> Before Business Hours <input type="checkbox"/> During Business Hours <input type="checkbox"/> Peak Business Hours <input type="checkbox"/> Lunch Time <input type="checkbox"/> After Business Hours <input type="checkbox"/> Other: _____ _____	Number of Participants _____ Administrators _____ Office Personnel _____ Faculty/Staff _____ School Safety Officers _____ Campus Enforcement _____ Other Agencies _____ Visitors/Volunteers _____ Students _____ Others
Administrators previously trained on emergency procedures this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Faculty/Staff previously trained on emergency procedures this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Comments
Incident Command System Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Commander:	Operations Chief:

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Problems Encountered: (Check all that apply)	
<input type="checkbox"/> Congestion in hallways <input type="checkbox"/> Alarm not heard <input type="checkbox"/> Employees unsure of what to do/properly <input type="checkbox"/> Staff unsure of responsibilities/response <input type="checkbox"/> Weather-related problems <input type="checkbox"/> Unable to lock doors <input type="checkbox"/> Windows not covered <input type="checkbox"/> Windows left open <input type="checkbox"/> Doors left open <input type="checkbox"/> Lights left on <input type="checkbox"/> Personnel not accounted for/attendance <input type="checkbox"/> Difficulties with evacuation of disabled personnel or visitors <input type="checkbox"/> Personnel unaccounted for (list # below)	<input type="checkbox"/> Radio communication problems <input type="checkbox"/> Network /computer problems <input type="checkbox"/> Noise impedes communications <input type="checkbox"/> Personnel not out of sight (lockdown drill) <input type="checkbox"/> Long time to evacuate building <input type="checkbox"/> Personnel not serious about drill <input type="checkbox"/> Improper or unavailable supplies <input type="checkbox"/> Confusion <input type="checkbox"/> Doors or Exits blocked <input type="checkbox"/> Transportation <input type="checkbox"/> Interagency miscommunications <input type="checkbox"/> Incident command problems <input type="checkbox"/> Other: _____ _____
Extenuating Circumstances / Identified Factors / Special Conditions Simulated:	

Mitigation / Plans for Improvement: (check all that apply and explain below)	
<input type="checkbox"/> Additional training (for personnel or area) <input type="checkbox"/> Address 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"/> Other: _____
Explain corrective efforts here:	

Signature of Building Administrator: _____ **Date:** _____