

MASON CONSOLIDATED SCHOOLS
FIRE/TORNADO/LOCK-DOWN DRILL FORM

State Law requires all Michigan schools to conduct **five (5) fire drills (four of these drills must be done in the fall), two tornado drills, and four lock-down drills annually.** Please use the following form to report these drills. After each drill, email this report to meadows@eriemason.k12.mi.us

School: Mason High School School Year: 2016-17

Fire Drill Number: 1 9-26-16 @ 12:12 pm Time to Evacuate: 2 min.

Fire Drill Number: 2 10-18-16 @ 10:00 am Time to Evacuate: 1.5 min.

Fire Drill Number: 3 Time to Evacuate: min

Fire Drill Number: 4 Time to Evacuate: min.

Fire Drill Number: 5 Time to Evacuate: min.

Comments (Any Unusual Circumstances/**Equipment Malfunctions**): _____

Tornado Drill Number: 1. 9-28-16 Time to Take Shelter: all clear

Comments (Any Unusual Circumstances/**Equipment Malfunctions**): _____

Tornado Drill Number: 2: Time to Take Shelter: _____

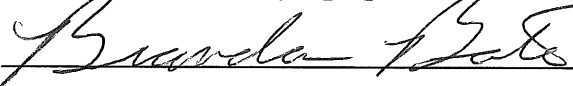
Lock-down Drill Number: 1. _____

Lock-down Drill Number: 2. _____

Lock-down Drill Number: 3. _____

Actual Lock-down /continue teaching _____

Comments (Any Unusual Circumstances/**Equipment Malfunctions**): _____

Principal's Signature: 

Fire Drill Liaison: _____

Revised: Sept. 2016

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FIRE/TORNADO/LOCK-DOWN DRILL FORM 2016-17

State Law requires all Michigan schools to conduct **five (5) fire drills (three of these drills must be done before December 1st), two tornado drills, and three lock-down drills annually**. Please use the following form to report these drills. After each drill, email this report to sherman@eriemason.k12.mi.us

School: Mason Central Elementary

Fire Drill Number: 2 **Date:** 10/18/16 **Time to Evacuate:** 1 min. 14 sec.

Comments (Any Unusual Circumstances/Equipment Malfunctions): _____

_____ Panel not working correctly _____


Tornado Drill Number: **Date:** Time to Take Shelter:

Comments (Any Unusual Circumstances/Equipment Malfunctions): _____

Lock-down Drill Number: **Date:** **Time:**

Comments (Any Unusual Circumstances/Equipment Malfunctions): _____

Signature Debra McClain
Principal


Superintendent