

School Emergency Drills Documentation Form

Type of Drill	Time of Drill
<input type="checkbox"/> Fire Drill (6 required)	<input checked="" type="checkbox"/> Standard
<input checked="" type="checkbox"/> Tornado Drill (2 required)	<input type="checkbox"/> Class Change
<input type="checkbox"/> Lock Down/Shelter in Place	<input type="checkbox"/> Recess
<input type="checkbox"/> Drill (2 required)	<input type="checkbox"/> Other Events

Name of reporting school: Cross Lutheran School

Date of drill: 4-29-25 Time drill was held: 2:00 (am/pm) pm

Exact time required to evacuate/shelter/secure: 1:49.51

Total Participants: 95

Remarks: _____

This report is for emergency drill # _____ for school year 2024/2025

Name of person conducting drill: Karen Kunisch

Title of person conducting drill: Secretary

Signature of person conducting drill: 

Drill was **coordinated** with: Huron County Emergency Management

☒ Emergency Management Coordinator
Name & title: Randy Miller, Director

AND

☐ Law Enforcement (county sheriff or chief of police or designee or MSP)
Name & title: _____

OR

☐ Fire (Fire Chief or designee)
Name & title: _____