



Michigan School for the Deaf Emergency Drill Documentation Form

Name of School: Michigan School for the Deaf

School Year: _____

Date of Drill: _____ **Time of Drill:** _____

Type of Drill Completed: _____

Number of Completed Drills:

Fire _____ **(5 required)**

Tornado _____ **(2 required)**

Lockdown _____ **(3 required)**

Name of person in charge of conducting the drill if other than the school principal:

Name **Title**

School principal or designee acknowledging the completion of the drill:

Mark Bouvy Business Office Manager
Signature **Title**