

## **Documentation Form**

74500 Burk Street, Armada, Michigan 48005 • (586) 784-2112 • FAX: (586) 784-9592

Type of Drill	<u>Time of Drill</u>
Fire Drill (5 Required)	
☐ Tornado Drill (2 Required)	Class Change
Lockdown Drill (3 Required)	Recess
LI LOCKGOWII DIIII (O Negali ca,	Other Event
	Ciner Event
Name of Reporting School: Armada Middle Scho	ool
	424
Date of Drill: 03/10/2017 Time of Drill: 9:50 am Exact time required to secure: 1:25 Total Participants: 424	
Remarks:	
Hemarks.	
This report is for emergency drill # $4$ for the school year of $2016-2017$ .	
Name of person conducting drill: Ar	manda Parus
Title of person conducting drill: Assist	tant Principal
A m	anda Dalla.
Signature of person conducting drill:	Multury
Drill was coordinated with:	
_	Building Principal
Emergency Management Coordinator  Name & Title: Nancy Buyle - MISD	These M Les
. <u> </u>	Signature
Law Enforcement (Chief or designee)  Name & Title: Mike Patrick— Armada Polic	ce
3-14-17	
Fire (Chief or designee)  Name & Title: Dan Reynolds - ATFD	Date