## AREA SCHOOLS Documentation Form

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

Type of Drill	<u>Ti</u>	me of Drill
Fire Drill (5 Required)	Standar	d i
🗖 Tornado Drill (2 Required)	☐ Class Ch	ange
Lockdown Drill (3 Required)	☐ Recess	
·	Other E	vent
A 17 % C 1	·	
Armada Wyh Johoo ) Name of Reporting School: (Click to select school)		
name of Reporting School:		
Date of Drill: 09/05/24 Time of drill: 8:45 am Exact time required to secure: 1:25 Total Participants: 480		
Remarks: Security personnel will ensure all exits are secured after drill is completed.		
This report is for emergency drill # <sup>1 of 5</sup> for the school y  Name of person conducting drill: Mark J Goscie		
Fitle of person conducting drill: Associate Princ	cipal	
Signature of person conducting drill:		
Orill was coordinated with:	1	
Emergency Management Coordinator		Building Principal
Name & Title: Tim Woelkers - AAS Securi	ty Director	
Law Enforcement (Chief or designee)		X6>
<sub>Name &amp; Title:</sub> Richard Maierle - Arma	da Police	Signature
Fire (Chief or designee)		9/3/24
Name & Title: Kevin Kanehl - ATFD		Date
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