

# Jackson Public School District OFFICE OF CAMPUS ENFORCEMENT Emergency Drill Reporting Form

Name of Person Completing Form and Title: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ School Safety/Campus Enforcement Personnel: \_\_\_\_\_

Time Drill Started	Time Drill Concluded:	Total Time of Drill (exit and reentry time of evacuation drills)
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Type of Drill:	Notification / Alert Method:	Weather Conditions:

Participants:	Situation at Start of Drill:	Number of Participants
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