

## **Emergency Drill Evaluation Report**

Type of d	rill: Date of drill: _/2-6-16
	started:/:33 Time drill concluded:/:36
Exact time required to evacuate/shelter/secure: 2 min	
Time alarm sounded:	
Time whe	en all employees cleared the building and were accounted for:
Remarks: Some classes were given i deas of be Here places to go. more secone-Sofer. to go.	
mon	E SECUNE-SOFER. to go.
This report is for emergency drill #	
Name of person conducting drill: Ramona Du Ruis & Staff	
Title of person conducting drill: Office Algn/Safety officen	
Signature of person conducting drill:	
Drill was coordinated with:	
NA	Emergency Management Coordinator Name & Title
NA	Law Enforcement Name & Title  The Howe
NA	Fire Chief or designee Name & Title