

Post-Incident and Exercise Review

GENESEE COUNTY EMERGENCY DRILLS FOR SCHOOLS DOCUMENTATION FORM

Type of Drill

- ☒ Fire Drill/Evacuation (5 required)
☐ Tornado (2 required)
☐ Lock Down and/or Shelter in Place Drill (3 required)

Time of Drill

- ☒ Standard
☐ Class Change
☐ Recess
☐ Lunch

School District: Flushing

School Year: 2025-2026

School: St. Robert School

Local Fire or Law Enforcement Agency: _____

School Safety Officer (if applicable): _____

Date of Drill: 4-22-26 Time: 8:15am

Exact Time required to evacuate/shelter/secure: 1 minute

Total Participants: 191

Remarks: _____

This report is for emergency drill #: 4 of total 5 [Fire (5), Tornado (2), Lock Down or Shelter-in-Place (3)]

Name of person conducting drill: Sarah Bushey Title: Principal

Signature of person conducting drill: Sarah Bushey

Public Safety Agency Present at Time of Drill (if applicable)

Name and Title/Department: _____

***FOR INTERNAL DOCUMENTATION PURPOSES ONLY.** Use the information from this Post-Incident and Exercise Review to update the Drill Documentation Form for public posting on this district and website.