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: 3-18-26 Time: 1:02 pm
Exact Time required to evacuate/shelter/secure: _____
Total Participants: 211
Remarks: _____

This report is for emergency drill #: 2 of total 2 [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.