

# MONTGOMERY COUNTY PUBLIC SCHOOLS

## EMERGENCY PREPAREDNESS DRILLS

Department of Systemwide Safety and Emergency Management  
 MONTGOMERY COUNTY PUBLIC SCHOOLS  
 Rockville, Maryland



School Year 20\_\_-20\_\_

The State of Maryland COMAR regulation 13A.02.02.04 requires all public schools and facilities, including maintenance, transportation and central administration, to perform the following seven emergency drills for the 20\_\_-20\_\_ school year. Each school system shall develop and implement an annual schedule of drills for each school grounds within the system. In addition to fire drills, the following drills shall be conducted annually: evacuation; shelter in place; reverse evacuation; lock down, drop, cover, and hold; severe weather; and active assailant. Direct questions to your cluster security coordinator at 240-740-3066.

School Name and Number \_\_\_\_\_ Principal \_\_\_\_\_

	<b>Evacuation Drill</b>	<b>Reverse Evacuation Drill</b>	<b>Shelter in Place Drill</b>	<b>Lockdown Drill</b>	<b>Drop, Cover and Hold Drill</b>	<b>Severe Weather Drill</b>	<b>Active Assailant Drill</b>
Date of drill: month/day/year	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Time the announcement was made:							
Name of the administrator in charge:							
Brief description of the nature and location of the emergency:							
Was the OSET* activated: (check one)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Location of the command post:							
Student/Staff Accountability Coordinator							
Date of the debriefing:	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___

\*On-site Emergency Team

Principal/Administrator Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Form should be faxed to the Department of Systemwide Safety and Emergency Management at 301-279-3192 at the end of the school year.

Use the back of this sheet for additional comments.

**Additional Comments**