



# Monthly Emergency Drill Schedule

Month	1st Shift	2nd Shift	3rd Shift	Weekend 7a-7p	Weekend 7p-7a
January	<input type="checkbox"/> Fire ____/____/____	<input type="checkbox"/> Utility Failure ____/____/____		<input type="checkbox"/> Violent Situation ____/____/____	<input type="checkbox"/> Medical Emergency ____/____/____
February	<input type="checkbox"/> Bomb Threat ____/____/____		<input type="checkbox"/> Medical Emergency ____/____/____	<input type="checkbox"/> Fire ____/____/____	
March	<input type="checkbox"/> Utility Failure ____/____/____		<input type="checkbox"/> Fire ____/____/____		<input type="checkbox"/> Severe Weather ____/____/____
April		<input type="checkbox"/> Severe Weather ____/____/____	<input type="checkbox"/> Bomb Threat ____/____/____	<input type="checkbox"/> Fire ____/____/____	
May	<input type="checkbox"/> Violent Situation ____/____/____			<input type="checkbox"/> Utility Failure ____/____/____	<input type="checkbox"/> Fire ____/____/____
June	<input type="checkbox"/> Fire ____/____/____		<input type="checkbox"/> Violent Situation ____/____/____	<input type="checkbox"/> Severe Weather/ Natural Disaster ____/____/____	
July	<input type="checkbox"/> Medical Emergency ____/____/____	<input type="checkbox"/> Fire ____/____/____			<input type="checkbox"/> Utility Failure ____/____/____
August		<input type="checkbox"/> Medical Emergency ____/____/____	<input type="checkbox"/> Fire ____/____/____		<input type="checkbox"/> Violent Situation ____/____/____
September	<input type="checkbox"/> Severe Weather ____/____/____	<input type="checkbox"/> Bomb Threat ____/____/____		<input type="checkbox"/> Fire ____/____/____	
October			<input type="checkbox"/> Utility Failure ____/____/____	<input type="checkbox"/> Medical Emergency ____/____/____	<input type="checkbox"/> Fire ____/____/____
November	<input type="checkbox"/> Fire ____/____/____	<input type="checkbox"/> Violent Situation ____/____/____		<input type="checkbox"/> Bomb Threat ____/____/____	
December		<input type="checkbox"/> Fire ____/____/____	<input type="checkbox"/> Severe Weather ____/____/____		<input type="checkbox"/> Bomb Threat ____/____/____