

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

_____ Fire Drill (5 required)(3 by 12/1)

X

Standard

_____ Tornado Drill (2 required)(1 in March)

Class Change

_____ Shelter in Place (1 required)

Recess

#2 Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

Lunch

_____ Cardiac Drill (1 required)

Name of Reporting School: Belmont Elementary

Date of Drill: 4/17/25

Time Drill was held: 2:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 307 Remarks: 1:49

This report is for Emergency Drill Fire# _____ out of 5 for school year 20____/20____

Tornado# _____ out of 2 for school year 20____/20____

Shelter IP# _____ out of 1 for school year 20____/20____

Lockdown# #2 out of 2 for school year 2024/2025

Cardiac# _____ out of 1 for school year 20____/20____

Name of person conducting drill: Katie Trolle

Title of person conducting drill: Admin. Asst.

Signature of person conducting drill: Kate Trolle

Fire (fire chief or designee) present
Name and Title: n/a

**MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL
FAX NUMBER 866-7112**