

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

X

Standard

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

Class Change

____ Shelter in Place (1 required)

Recess

____ 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: _____

4/18/25

Time Drill was held: _____

10:40

(a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

2:14 sec

Total Participants: _____

307

Remarks: _____

✓

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20____/20____

Tornado# (2)

out of (2) for school year 2024/2025

Shelter IP# _____

out of 1 for school year 20____/20____

Lockdown# _____

out of 2 for school year 20____/20____

Cardiac# _____

out of 1 for school year 20____/20____

Name of person conducting drill: _____

Kate Trolia

Title of person conducting drill: _____

Admin Asst.

Signature of person conducting drill: _____

Kate Trolia

Fire (fire chief or designee) present

Name and Title: _____

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