

School Emergency Drills Documentation Form

Type of Drill:

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

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

_____ Shelter in Place (1 required)

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

_____ Cardiac Drill (1 required by 10/31)

Time of Drill:

X Standard

_____ Class Change

_____ Recess

_____ Lunch

Name of Reporting School: _____

Date of Drill: _____

Time Drill was held: 12:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: _____

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: _____

Title of person conducting drill: _____

Signature of person conducting drill: _____

Fire (fire chief or designee) present

Name and Title: _____

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