

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

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

Lunch

X _____ Cardiac Drill (1 required by 10/31)

Name of Reporting School: _____

Date of Drill: 10.17.24

Time Drill was held: 10:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: na

Total Participants: 8 Remarks: _____

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# _____ out of 2 for school year 20__/20__

Cardiac# 1 out of 1 for school year 2024/2025

Name of person conducting drill: Kelley Theaker

Title of person conducting drill: School Nurse

Signature of person conducting drill: Kelley Theaker (js)

Fire (fire chief or designee) present

Name and Title: _____

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