

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

1 Standard

1 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 by 10/31)

Name of Reporting School: North Rockford Middle School

Date of Drill: 11/6/24 Time Drill was held: 1:43 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 900+ Remarks: _____

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

6th - 145

Tornado# 1 out of 2 for school year 2024/2025

1st - 145

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

2nd - 145

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

3rd -

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

tech -

tunnel -

Name of person conducting drill: Lissa Weidenfellee

Title of person conducting drill: Principal

Signature of person conducting drill: Lissa Weidenfellee

Fire (fire chief or designee) present

Name and Title: _____

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