

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

X _____ 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: _____

Rockford Freshman Ctr

Date of Drill: 11/04/24

Time Drill was held: 1:21 (a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: 3:07

Total Participants: All 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# 1 out of 1 for school year 2024/2025

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

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

Name of person conducting drill: Al Reickard

Title of person conducting drill: Asst Principal

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**