

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

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

Cardiac Drill (1 required by 10/31)

Name of Reporting School: Rockford Freshman Center

Date of Drill: 3-20-25

Time Drill was held: 7:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3:02

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: Al Reickerd

Title of person conducting drill: Asst Princ

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**