

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

X 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

_____ Cardiac Drill (1 required by 10/31)

Name of Reporting School: Rockford High School

Date of Drill: 9/16/24 Time Drill was held: 9:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 6 minutes

Total Participants: 2,000 Remarks: _____

This report is for Emergency Drill Fire# 2 out of 5 for school year 204/205
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# _____ out of 1 for school year 20___/20___

Name of person conducting drill: Scott Beckman

Title of person conducting drill: Director of Security

Signature of person conducting drill: Scott Beck

Fire (fire chief or designee) present
Name and Title: _____

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