

**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

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

_____ Lunch

_____ Cardiac Drill (1 required by 10/31)

ROCKFORD HIGH SCHOOL
4100 Kroes Rd. NE
Rockford, MI 49341

Name of Reporting School: _____

Date of Drill: _____

1/24/25

Time Drill was held: _____

9:00

(a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: _____

2,000

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# 2

out of 2 for school year 24/2025

Cardiac# _____

out of 1 for school year 20__/20__

Name of person conducting drill: _____

Tom Hasford

Title of person conducting drill: _____

Principal

Signature of person conducting drill: _____

[Signature]

Fire (fire chief or designee) present

Name and Title: _____

[Signature]

MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL

FAX NUMBER 866-7112