

**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)

ROCKFORD HIGH SCHOOL

Name of Reporting School: 4100 Kroes Rd. NE

Rockford, MI 49341

Date of Drill: 3/19/25 Time Drill was held: 1:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 5 minutes

Total Participants: 2,000 Remarks: _____

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

Tornado# 1 out of 2 for school year 24/2025

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: Tom Hasford

Title of person conducting drill: 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**