School Emergency Drills Documentation Form

Type of Drill:		<u>Time of Drill</u> :	
Fire Drill (5 required)(3 by 1	2/1)		Standard
Tornado Drill (2 required)(2		Class Change	
Shelter in Place (1 required)		Recess	
Lock Down (2 required)(1 pr		Lunch	
Cardiac Drill (1 required by 10/31)			
Name of Reporting School: River Valley DCGJCMY			
Date of Drill:			
Exact time required to evacuate/shelter/secure:			
Total Participants: Remarks: Remarks:			
This report is for Emergency Drill	Fire#	out of 5 for school year 2	024/202
	Tornado#	out of 2 for school year 2	0/20
	Shelter IP#	out of 1 for school year 2	0/20
	Lockdown#	out of 2 for school year 2	0/20
	Cardiac#	out of 1 for school year 2	0/20
		3	
Name of person conducting drill: Leci Ly Walczusw			
Title of person conducting drill: Holmin Hobistant			
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