

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

___X___ Standard

___X___ 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: _____ 10/06/2022 _____ Time Drill was held: _____ 10:00 _____ (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____ 4:50 _____

Total Participants: _____ All _____ Remarks: _____ 1 administrator and 1 security to clear the building _____

This report is for Emergency Drill

Fire# _____	out of 5 for school year 20__ /20__
Tornado# _____ 1 _____	out of 2 for school year 2022__ /2023__
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: _____ Kelly Amshey _____

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**