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 1	10/31)	- ¥		
Name of Reporting School: Date of Drill: Exact time required to evacuate/should Participants:	Time Drill w		tes	_(a.m/p.m.)
Total Participants: Q , OOO	Kemarks:			
This report is for Emergency Drill	Fire# Tornado# Shelter IP# Lockdown# Cardiac#	out of 2 for	r school year 20 r school year 20 r school year 20 r school year 20 r school year 20	0/20 0/20 0/20
Name of person conducting drill: Title of person conducting drill: Signature of person conducting drill:	Tom Has	force All		
Fire (fire chief or designee) present Name and Title:				

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