

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

4 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)

Name of Reporting School: Rockford High School

Date of Drill: 4/13 Time Drill was held: 12:10 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2,000 - 5 min

Total Participants: 2,000 Remarks: _____

This report is for Emergency Drill

Fire# <u>4</u>	out of 5 for school year 20 <u>12</u> /20 <u>23</u>
Tornado# _____	out of 2 for school year 20____/20____
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: Ricky Clark - AP

Title of person conducting drill: [Signature]

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**