

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)

Name of Reporting School: Cannonsburg Elementary

Date of Drill: 10-16-14 Time Drill was held: 10:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1 minute 40 seconds

Total Participants: _____ Remarks: _____

This report is for Emergency Drill

Fire#	<u>4</u>	out of 5 for school year 20 <u>14</u> /20 <u>15</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: Cindy Kitzrow

Title of person conducting drill: Principal

Signature of person conducting drill: Cindy Kitzrow

Fire (fire chief or designee) present
Name and Title: Jason Billy Public Safety Officer Rockford DPS

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