

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: 4-16-15 Time Drill was held: 12:35 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2 minutes 42 seconds

Total Participants: @ 220 Remarks: _____

This report is for Emergency Drill Fire# _____ out of 5 for school year 20__/20__

Tornado# _____ out of 2 for school year 20__/20__

Shelter IP# _____ out of 1 for school year 20__/20__

Lockdown# 2 out of 2 for school year 2014/2015

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: _____

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