

**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

#2
_____ Cardiac Drill (1 required)

Name of Reporting School: NRM

Date of Drill: 11/5/15 Time Drill was held: 1:40 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 9 minutes

Total Participants: 900 + 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# <u>2</u>	out of 2 for school year 20 <u>15</u> /20 <u>16</u>
Cardiac# _____	out of 1 for school year 20__/20__

Name of person conducting drill: AL REICKARD

Title of person conducting drill: ASST. PRINCIPAL

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present
Name and Title: _____

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