

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: River Valley Academy

Date of Drill: 5-6-15 Time Drill was held: 10:40 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1 min 13 seconds

Total Participants: 55 Remarks: N/A

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>14</u> /20 <u>15</u>
	Cardiac#	___	out of 1 for school year 20___/20___

Name of person conducting drill: Casey Teliczan

Title of person conducting drill: Student Advisor

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**