

**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:

3-15-16

Time Drill was held:

10:45

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

44 seconds

Total Participants: _____

Remarks: _____

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__/20__

Tornado# 2

out of 2 for school year 2015/2016

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:

Cassy Teliczan

Title of person conducting drill:

Student Coordinator

Signature of person conducting drill:

Cassy Teliczan

Fire (fire chief or designee) present

Name and Title: _____

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