

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: Child Care/Preschool and Comm. Svcs @ Admin.

Date of Drill: 2.12.15

Time Drill was held: 9:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3 min 9 sec

Total Participants: 105 children
20 staff Remarks: _____

Reporting for Preschool/Child Care and Comm. Svcs staff only
(Students: staff)

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# <u>1</u>	out of 1 for school year 20 <u>14</u> /20 <u>15</u>
Lockdown# _____	out of 2 for school year 20__/20__
Cardiac# _____	out of 1 for school year 20__/20__

Name of person conducting drill: Jane Downs

Title of person conducting drill: Child Care Director

Signature of person conducting drill: Jane Downs

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

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