

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

X Fire Drill (5 required)(3 by 12/1)

X 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: Lakes Elementary

Date of Drill: Tuesday, September 20, 2016 Time Drill was held: 10:00 a.m.

Exact time required to evacuate/shelter/secure: 2 minutes 31 seconds


Total Participants: 547

Remarks: _____

This report is for Emergency Drill	Fire# 2	out of 5 for school year 2016 /2017
	Tornado# _____	out of 2 for school year 20__/20__
	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: Sharon Wells

Title of person conducting drill: Principal

Signature of person conducting drill: _____


Fire (fire chief or designee) present

Name and Title: _____

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