

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

<input checked="" type="checkbox"/>	Fire Drill (5 required)(3 by 12/1)	_____	Standard
_____	Tornado Drill (2 required – 1 in March)	_____	Class Change
_____	Shelter in Place (2 required)	_____	Recess
_____	Lock Down (2 required 1 prior to Dec 1)	_____	Lunch

Name of Reporting School: Valley View

Date of Drill: 9/15/2016 Time Drill was held: 11:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 675 Remarks: _____

This report is for Emergency Drill

Fire# <u>1</u>	out of 5 for school year _____
Tornado# _____	out of 2 for school year _____
Shelter IP# _____	out of 2 for school _____
Lockdown# _____	out of 2 for school _____

Name of person conducting drill: Bob Siegel

Title of person conducting drill: Principal

Signature of person conducting drill: * Bob Siegel

Fire (fire chief or designee) present
Name and Title: Mark J. Ross FIRE MARSHAL

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