

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

_____ 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

X Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

Lunch

_____ Cardiac Drill (1 required)

Name of Reporting School: Admin / Preschool Childcare

Date of Drill: 9/26/16

Time Drill was held: 9:15am (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2:00:35

Total Participants: 65 Remarks: _____

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>1</u>	out of 2 for school year 20 <u>16</u> /20 <u>17</u>
Cardiac# _____	out of 1 for school year 20__/20__

Name of person conducting drill: Melissa Cochrell

Title of person conducting drill: Child Care Director

Signature of person conducting drill: Melissa Cochrell

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

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