School Emergency Drills
Documentation Form

Type of Drill:

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

_____ Tornado Drill (2 required)(1 in March)

_____ Shelter in Place (1 required)

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

_____Cardiac Drill (1 required)

Time of Drill:

X Standard

_____ Class Change

_____ Recess

_____ Lunch

Name of Reporting School: Rockford High School

Date of Drill: 10/19/17 Time Drill was held: 12:10 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 12:17p-

Total Participants: 2000 Remarks: _____

This report is for Emergency Drill

Fire# 3 out of 5 for school year 2017 /2018

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: Scott Beckman

Title of person conducting drill: Director of Security

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

schoolemergencydrill