

**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: Rockford Freshman Center

Date of Drill: 5/23/18 Time Drill was held: 1:45 (a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: 2:02

Total Participants: 680 Remarks: _____

This report is for Emergency Drill

Fire# <u>5</u>	out of 5 for school year 20 <u>17</u> /20 <u>18</u>
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: Tom Hosford

Title of person conducting drill: Principal

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present
Name and Title: [Signature]

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