

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

X 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 High School

Date of Drill:

9.26.18

Time Drill was held:

7 min.

(a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants:

2,000

Remarks: _____

This report is for Emergency Drill

Fire#

2

out of 5 for school year 2018/2019

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:

Scott Beckman

Fire (fire chief or designee) present

Name and Title: _____

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