

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 by 10/31)

Name of Reporting School: Freshman Center

Date of Drill: 9/17/19 Time Drill was held: 1:20 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

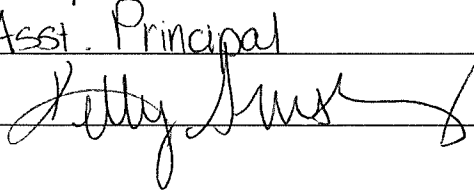
Total Participants: 670 Remarks: _____

This report is for Emergency Drill

Fire# <u>3</u>	out of 5 for school year 20 <u>19</u> /20 <u>20</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: Kelly Amshey

Title of person conducting drill: Asst. Principal

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**