

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

- | | | |
|--|----------|--------------|
| <input type="checkbox"/> Fire Drill (5 required)(3 by 12/1) | <u>X</u> | Standard |
| <input type="checkbox"/> Tornado Drill (2 required)(1 in March) | _____ | Class Change |
| <input type="checkbox"/> Shelter in Place (1 required) | _____ | Recess |
| <input checked="" type="checkbox"/> Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1) | _____ | Lunch |
| <input type="checkbox"/> Cardiac Drill (1 required) | _____ | |

Name of Reporting School: Rockford Freshman Center

Date of Drill: 8/29/19 Time Drill was held: 7:41 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3:24

Total Participants: 670 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>19</u> /20 <u>20</u>
Cardiac# _____	out of 1 for school year 20__/20__

Name of person conducting drill: Kelly Amskey

Title of person conducting drill: Asst. Principal

Signature of person conducting drill: Kelly Amskey

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

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