

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: Belmont

Date of Drill: 10/3/19 Time Drill was held: 1:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1 Min. 50 seconds

Total Participants: 385 Remarks: _____
+ Staff

This report is for Emergency Drill Fire# 1 out of 5 for school year 2019 /2020
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: Shannon Ouellette

Title of person conducting drill: Principal

Signature of person conducting drill: Shannon Ouellette

Fire (fire chief or designee) present
Name and Title: _____

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