

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

____ Fire Drill (5 required)(3 by 12/1)

X Standard

X 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: Rockford Freshman Center

Date of Drill: 10/4/19

Time Drill was held: 7:41 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2:37

Total Participants: 680 Remarks: _____

This report is for Emergency Drill

Fire#	_____	out of 5 for school year 20__ /20__
Tornado#	<u>1</u>	out of 2 for school year 20 <u>19</u> /20 <u>20</u>
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: Kelly Amshey

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

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