School Emergency Drills Documentation Form

Type of Drill:		<u>Time of Drill</u> :	
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)		n 1)	Lunch
Cardiac Drill (1 required)			
Name of Reporting School: Holly Combs			
Date of Drill: $9/20/24$ Time Drill was held: 9.45 (a.m./p.m.)			
Exact time required to evacuate/shelter/secure:/ minc/7 8000			
Total Participants: Remarks:			
This report is for Emergency Drill	Fire#	out of 5 for school year	20 <u>24</u> /20 <u>25</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 <u>/</u> 20
	Cardiac#	out of 1 for school year	20/20
Name of person conducting drill: Holly Combs			
Title of person conducting drill: Admin. Assf.			
Signature of person conducting drill:			
	0		
Fire (fire chief or designee) present Name and Title:			

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