# School Emergency Drills
# Documentation Form

Type of Drill:

_____Fire Drill (5 required)(3 by 12/1)

__✓__Tornado Drill (2 required)( 1 in March)

_____Shelter in Place (1 required)

_____Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

_____Cardiac Drill (1 required by 10/31)

Time of Drill:

__✓__ Standard

_____ Class Change

_____ Recess

_____ Lunch

Name of Reporting School: River Valley Academy

Date of Drill: 3-5-2025 Time Drill was held: 10:45 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1 minute

Total Participants: 40 Remarks: _____

This report is for Emergency Drill

Fire#_____ out of 5 for school year 20___ /20___

Tornado# 2 out of 2 for school year 2024/2025

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: Jenny Thompson

Title of person conducting drill: Director

Signature of person conducting drill: [signature]

Fire (fire chief or designee) present
Name and Title: N/A

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

schoolemergencydrill