

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

4 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 by 10/31)

Name of Reporting School: North Rockford Middle School

Date of Drill: 4/15/24 Time Drill was held: 745 (a.m./p.m.)

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

Total Participants: 900+ Remarks: _____

This report is for Emergency Drill

Fire# 4 out of 5 for school year 2023/2024

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: Lissa Weidenfeller / Al Reichard

Title of person conducting drill: Principal / Asst. Principal

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present

Name and Title: [Signature]

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