

**School Emergency Drills
Documentation Form**Type of Drill:Time of Drill:

| | | | |
|-------------------------------------|---|--------------------------|--------------|
| <input type="checkbox"/> | Fire Drill (5 required)(3 by 12/1) | <input type="checkbox"/> | Standard |
| <input checked="" type="checkbox"/> | Tornado Drill (2 required - 1 in March) | <input type="checkbox"/> | Class Change |
| <input type="checkbox"/> | Shelter in Place (2 required) | <input type="checkbox"/> | Recess |
| <input type="checkbox"/> | Lock Down (2 required 1 prior to Dec 1) | <input type="checkbox"/> | Lunch |

Name of Reporting School: _____

Date of Drill: Nov. 13, 2014 Time Drill was held: 2:00 (a.m./p.m.)Exact time required to evacuate/shelter/secure: 1 min. 48 sec.Total Participants: 373 Remarks: _____

This report is for Emergency Drill Fire# _____ out of 5 for school year _____

Tornado# 1 out of 2 for school year 2014-2015

Shelter IP# _____ out of 2 for school _____

Lockdown# _____ out of 2 for school _____

Name of person conducting drill: Maggie ThelenTitle of person conducting drill: PrincipalSignature of person conducting drill: [Signature]Fire (fire chief or designee) present
Name and Title: [Signature] EO**MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL
FAX NUMBER 866-7112**