

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

Name of Reporting School:

Cannonsburg Elementary

Date of Drill:

9-22-14Time Drill was held: 10:33(a.m.) / p.m.)

Exact time required to evacuate/shelter/secure:

4 minutes 45 seconds

Total Participants:

@220

Remarks: _____

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__/20__

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

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:

Cindy Kitzrow

Title of person conducting drill:

Principal

Signature of person conducting drill:

Cindy Kitzrow

Fire (fire chief or designee) present

Name and Title: _____

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