School Emergency Drills Documentation Form

| Type of Drill: | | | Time of Drill: | |
|-------------------------------------------------------------------------------------------------------|---------------|-------------|-------------------|--------------|
| Fire Drill (5 required)(3 by 12/1) | | | <u></u> | 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: | ninistration- | Child | Care | |
| Date of Drill: 5-14.15 Exact time required to evacuate/she | | | | (a.m)/p.m.) |
| Total Participants: 97 | | | | (chool) |
| | PECC | | / | |
| This report is for Emergency Drill | Fire# | | | |
| | Shelter IP# | out of 1 fo | or school year 20 | /20 |
| | Lockdown# | out of 2 fo | r school year 20 | /20 |
| | Cardiac# | out of 1 fo | or school year 20 |)/20 |
| Name of person conducting drill: | June Downs | | | |
| Title of person conducting drill: Could Care Director Signature of person conducting drill and Dawns | | | | |
| Signature of person conducting drilly | Jame Downs | - | ٧ | |
| Fire (fire chief or designee) present Name and Title: | ··· | | | · |

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