

**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

Date of Drill: 9-17-15 Time Drill was held: 1:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1 minute 50 seconds

Total Participants: @ 220 Remarks: _____

This report is for Emergency Drill

Fire# 1 out of 5 for school year 2015/2016

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: Mike Westgate

Title of person conducting drill: Principal

Signature of person conducting drill: Mike Westgate

Fire (fire chief or designee) present

Name and Title: _____

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