

**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:

East Rockford Middle School

Date of Drill:

11-12-14

Time Drill was held:

8:41

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

3:28

Total Participants:

~1000

Remarks:

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__/20__

Tornado# _____

out of 2 for school year 20__/20__

Shelter IP# _____

out of 1 for school year 20__/20__

Lockdown# 3

out of 2 for school year 2014/2015

Cardiac# _____

out of 1 for school year 20__/20__

Name of person conducting drill:

Kelly Amshey

Signature

Name of person conducting drill:

Kelly Amshey

Title

Title of person conducting drill:

Asst. Principal

Fire (fire chief or designee) present

Name and Title: _____

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