

**School Emergency Drills
Documentation Form**

Type of Drill:

_____ Fire Drill (5 required)(3 by 12/1)

_____ Tornado Drill (2 required)(1 in March)

_____ Shelter in Place (1 required)

X Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

_____ Cardiac Drill (1 required)

Time of Drill:

X Standard

_____ Class Change

_____ Recess

_____ Lunch

Name of Reporting School: East Rockford Middle School

Date of Drill: 9-10-15 Time Drill was held: 9:25 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 5:18

Total Participants: 879 Remarks: Teachers were knowledgeable and effectively led our students.

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# 1 out of 2 for school year 2015/2016

Cardiac# _____ out of 1 for school year 20__/20__

Name of person conducting drill: Jeremy Karel

Title of person conducting drill: Assistant Principal

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present
Name and Title: _____

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