

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: ERMS

Date of Drill: March 17, 2015

Time Drill was held: 9:30

(a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3 min 47 sec

Total Participants: ~900

Remarks: _____

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__ /20__

Tornado# 2

out of 2 for school year 20 14 /20 15

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: Kelly Amshey

Title of person conducting drill: Asst. Principal

Signature of person conducting drill: Kelly Amshey

Fire (fire chief or designee) present

Name and Title: _____

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