

**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: _____

LAKES

Date of Drill: _____

9.22.15

Time Drill was held: _____

2:48 p.m.

(a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

2:48

Total Participants: _____

570

Remarks: _____

One door unlocked, some students
biking, efficient zone coordination

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: _____

Sharon Wells

Title of person conducting drill: _____

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**