

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

Fire Drill (5 required) (3 by 12/1)	X	Standard
X 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 Elementary

Date of Drill: Wednesday, October 14, 2015 Time Drill was held: 1:00 PM

Exact time required to evacuate/shelter/secure: 2 minutes, 07 seconds

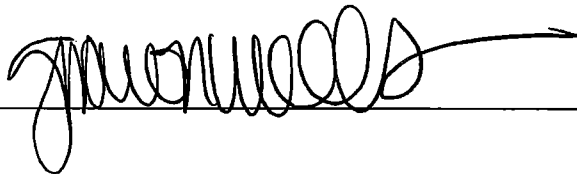
Total Participants: students Remarks: _____

This report is for Emergency Drill	Fire #	out of 5 for school year 2015/2016
	Tornado #1	out of 2 for school year 2015/2016
	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: Sharon Wells

Title of person conducting drill: Principal

Signature of person conducting drill: _____



Fire (fire chief or designee) present

Name and Title: _____

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