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, March 09, 2016 Time Drill was held: 10:00 AM

Exact time required to evacuate/shelter/secure: 2 minutes, 1 second

Total Participants: 492 students Remarks:

This report is for Tornado Drill

Fire	out of 5 for school year 2015/2016
Tornado #2	out of 2 for school year 2015/2016
Shelter IP	out of 1 for school year 2015/2016
Lockdown	out of 2 for school year 20___/20___
Cardiac	out of 1 for school year 2015/2016

Name of person conducting drill: Mrs. 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