

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

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

X 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: _____

MDR

Date of Drill: _____

3/29/16

Time Drill was held: _____

1:45

(a.m./p.m.)

(p.m.)

Exact time required to evacuate/shelter/secure: _____

2:38

Total Participants: _____

475

Remarks: _____

This report is for Emergency Drill

Fire#

4

out of 5 for school year 2015 /2016

Tornado#

out of 2 for school year 20____/20____

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: _____

Blake Bowman

Title of person conducting drill: _____

Principal

Signature of person conducting drill: _____

Blake R. Bowman

Fire (fire chief or designee) present

Name and Title: _____

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