School Emergency Drills
Documentation Form

Type of Drill:

_____ Fire Drill (6 required)

_____ Tornado Drill (2 required)

✓ #1 Lock Down/Shelter in Place Drill (2 required)

Time of Drill:

✓ Standard

_____ Class Change

_____ Recess

_____ Other Events

Name of Reporting School: NRM

Date of Drill: 10/19/15 Time Drill was held: 9:52 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 10 minutes

Total Participants: 900+ Remarks: _____

This report is for emergency Drill #_____ for school year _____.

Name of person conducting Drill: Al Reickard

Title of person conducting Drill: Asst. Principal

Signature of person conducting Drill: [signature]

Drill was coordinated with:

_____ Emergency Management Coordinator
Name and Title _____

AND

_____ Law Enforcement (county sheriff or chief of police or designee or MSP)
Name and Title _____

OR

_____ Fire (fire chief or designee)
Name and Title _____

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