

School Emergency Drills Documentation Form

Type of Drill:Time of Drill:X Fire Drill (5 required)(3 by 12/1)1:10

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: PARKSIDE ELEMENTARYDate of Drill: 9/23/15 Time Drill was held: 1:10 (a.m./p.m.)Exact time required to evacuate/shelter/secure: 2:22Total Participants: 305 + 40 Remarks: _____

This report is for Emergency Drill

Fire# <u>2</u>	out of 5 for school year 20 <u>15</u> /20 <u>16</u>
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: L. WattersTitle of person conducting drill: PrincipalSignature of person conducting drill: L. Watters

Fire (fire chief or designee) present

Name and Title: NA -

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