

**School Emergency Drills
Documentation Form**

Type of Drill:

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

_____ Tornado Drill (2 required) (1 in March)

_____ Shelter in Place (1 required)

X Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

_____ Cardiac Drill (1 required)

Time of Drill:

X Standard

_____ Class Change

_____ Recess

_____ Lunch

Name of Reporting School: Rockford Freshman Center

Date of Drill: 2/2/16

Time Drill was held: 1:26 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2:10

Total Participants: 700 Remarks: Building was secure.

This report is for Emergency Drill

Fire#	_____	out of 5 for school year 20__/20__
Tornado#	_____	out of 2 for school year 20__/20__
Shelter IP#	_____	out of 1 for school year 20__/20__
Lockdown#	<u>4</u>	out of <u>4</u> for school year 20 <u>15</u> /20 <u>16</u>
Cardiac#	_____	out of 1 for school year 20__/20__

Name of person conducting drill: Mr. Tom Hosford

Title of person conducting drill: Principal

Signature of person conducting drill: _____

Fire (fire chief or designated person) present

Name and Title: [Signature] EO

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