

School Emergency Drills Documentation Form

Type of Drill:

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

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

_____ Shelter in Place (1 required)

_____ 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: 10/22/15 Time Drill was held: 7:41 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3 min. 7:41 - 7:44

Total Participants: 670 Remarks: _____

This report is for Emergency Drill Fire# _____ out of 5 for school year 20__/20__

Tornado# 1 out of 2 for school year 2015/2016

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: Mrs. Kelly Amshey

Title of person conducting drill: Assistant Principal

Signature of person conducting drill: Kelly Amshey

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

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