

School Emergency Drills Documentation Form

Type of Drill:

X Fire Drill (5 required)(3 by 12/1)
____ Tornado Drill (2 required – 1 in March)
____ Shelter in Place (2 required)
____ Lock Down (2 required 1 prior to Dec 1)

Time of Drill:

X Standard
____ Class Change
____ Recess
____ Lunch

Name of Reporting School: RHS

Date of Drill: 10/21/15 Time Drill was held: 12:10 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: cleared @ 12:17p.

Total Participants: _____ Remarks: _____

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 2 for school year 20__ /20__
Lockdown# _____	out of 2 for school year 20__ /20__

Name of person conducting drill: _____

Title of person conducting drill: _____

Signature of person conducting drill: _____

Fire (fire chief or designee) present
Name and Title: [Signature] EO

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