

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

X

Standard

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

Class Change

X 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:

Rockford High School

Date of Drill: 2/10/16

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

Exact time required to evacuate/shelter/secure:

5 min

Total Participants:

2000

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# 1

out of 1 for school year 2015 /2016

Lockdown# _____

out of 2 for school year 20__ /20__

Cardiac# _____

out of 1 for school year 20__ /20__

Name of person conducting drill:

Scott Beckman

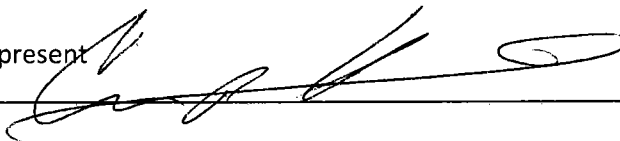
Title of person conducting drill:

Director of Security

Signature of person conducting drill: _____

Fire (fire chief or designee) present

Name and Title: _____



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