

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

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

X 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: Rockford Freshman Center

Date of Drill: 9/7/16

Time Drill was held: 12:03 (a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: 2:19

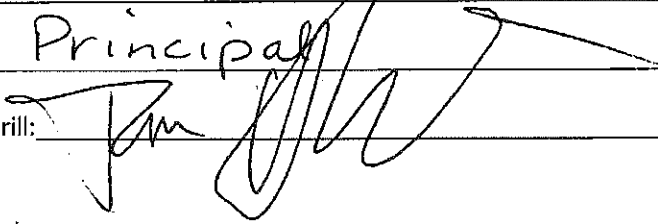
Total Participants: 675 Remarks: _____

This report is for Emergency Drill

| | |
|-------------------|---|
| Fire# <u>2</u> | out of 5 for school year 20 <u>16</u> /20 <u>17</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: Tom Hosford

Title of person conducting drill: Principal

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**