

**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:

Rockford High School

Date of Drill:

9/9/16

Time Drill was held:

9:03

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

5 min

Total Participants: _____

Remarks: _____

This report is for Emergency Drill

Fire#

1

out of 5 for school year 2016/2017

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:

Scott R. Beckman

Title of person conducting drill:

Director of Security

Signature of person conducting drill:

Scott Beckman

Fire (fire chief or designee) present

Name and Title: _____

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