School Emergency Drills
Documentation Form

Type of Drill:

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

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

_X_ 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: 10/21/16 Time Drill was held: 2:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3:30

Total Participants: 680 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 20 16 20 17

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

Cardiac#_____ out of 1 for school year 20___/20___

Name of person conducting drill: Mr. 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