

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

_____ Shelter in Place (1 required)

_____ Recess

X 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:

2/21/17

Time Drill was held:

8:40

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

4 min.

Total Participants:

2,000

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 1 for school year 20__/20__

Lockdown# 2

out of 2 for school year 2016/2017

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:

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**