

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

_____ 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: ERMS

Date of Drill: 9.21.16 Time Drill was held: 1:48 (a.m. ☒ p.m.)

Exact time required to evacuate/shelter/secure: 2 minutes.

Total Participants: 8:05 Remarks: _____

This report is for Emergency Drill

Fire#	_____	out of 5 for school year 20__ /20__
Tornado#	<u>1</u>	out of 2 for school year 20 <u>16</u> /20 <u>17</u>
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: Shannon Ouellette

Title of person conducting drill: Assistant Principal

Signature of person conducting drill: Shannon Ouellette

Fire (fire chief or designee) present

Name and Title: _____

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