

**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

\_\_\_\_\_ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

\_\_\_\_\_ Lunch

X Cardiac Drill (1 required)

Name of Reporting School: MDR

Date of Drill: 1-18-17

Time Drill was held: 1:30 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: AED-3 min EMT 6 min

Total Participants: 9 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# \_\_\_\_\_ out of 2 for school year 20\_\_\_\_/20\_\_\_\_

Cardiac# 1 out of 1 for school year 2016/2017

Name of person conducting drill: Blake Bowman

Title of person conducting drill: Principal

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present  
Name and Title: Andrea St. Charles District Nurse  
Alisha Hopkins Assist to District Nurse

MUST RETURN TO SECURITY OFFICE WITHIN 24 HOURS OF DRILL

FAX NUMBER 866-7112