

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)

X Recess

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

_____ Lunch

_____ Cardiac Drill (1 required)

Name of Reporting School: Lakes Elementary

Date of Drill: Friday, September 16, 2016

Time Drill was held: 2:15 p.m.

Exact time required to evacuate/shelter/secure: 1 minute 54 seconds

Total Participants: 554 staff and students

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__

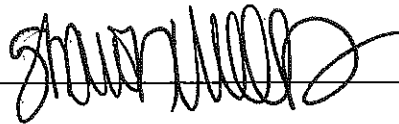
Lockdown# 1 out of 2 for school year 2016/2017

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

Name of person conducting drill: Sharon Wells

Title of person conducting drill: Principal

Signature of person conducting drill: _____



Fire (fire chief or designee) present

Name and Title: None

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