

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

X 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

_____ Cardiac Drill (1 required)

Name of Reporting School:

MDR

Date of Drill:

4.17.17

Time Drill was held:

1:40

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

3:07

Total Participants:

475

Remarks:

This report is for Emergency Drill

Fire#

4

out of 5 for school year 2016 /2017

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#

out of 1 for school year 20____/20____

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:

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