

School Emergency Drills Documentation Form

Type of Drill:

X Fire Drill (5 required)(3 by 12/1)
_____ Tornado Drill (2 required)(1 in March)
_____ Shelter in Place (1 required)
_____ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)
_____ Cardiac Drill (1 required)

Time of Drill:

X Standard
_____ Class Change
_____ Recess
_____ Lunch

Name of Reporting School: Lakes Elementary

Date of Drill: Monday, May 1, 2017 Time Drill was held: 1:00 PM

Exact time required to evacuate/shelter/secure: 2 minutes 17 seconds

Total Participants: approx. 500 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____

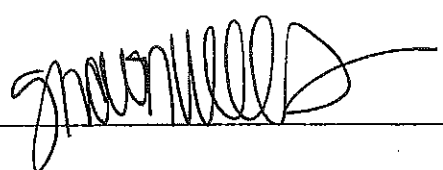
Shelter IP# _____ out of 1 for school year 20____/20____

Lockdown# _____ out of 2 for school year 20____/20____

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

Name of person conducting drill: Sharon Wells

Title of person conducting drill: Principal

Signature of person conducting drill: _____


Fire (fire chief or designee) present

Name and Title: _____

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