

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

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

1:40

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: 5/10/17

Time Drill was held: 1:40

(a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

3:04

Total Participants: _____

475

Remarks: _____

This report is for Emergency Drill

Fire#

5

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: _____

[Signature]

Signature of person conducting drill: _____

principal

Fire (fire chief or designee) present

Name and Title: _____

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