

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)

Recess

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

Lunch

_____ Cardiac Drill (1 required)

Name of Reporting School: Cannonsburg

Date of Drill: 3/7/2017 Time Drill was held: 1:04 (a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: 5 min. 41 sec.

Total Participants: approx. 200 Remarks: _____

This report is for Emergency Drill Fire# _____ out of 5 for school year 20__/20__

Tornado# 2 out of 2 for school year 2016/2017

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: Mike Westgate

Title of person conducting drill: Principal

Signature of person conducting drill: Mike West

Fire (fire chief or designee) present

Name and Title: _____

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

schoolemergencydrill

faxed
3/7/2017
1:15pm