

# **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: Admin / Child Care

Date of Drill: 9/22/16 Time Drill was held: 11:15 (a.m.) (p.m.)

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

Total Participants: 80 Remarks: \_\_\_\_\_

This report is for Emergency Drill

Fire# <u>1</u>	out of 5 for school year 20 <u>16</u> /20 <u>17</u>
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: Melissa Cochrell

Title of person conducting drill: Child Care Director

Signature of person conducting drill: Melissa Cochrell

Fire (fire chief or designee) present

Name and Title: \_\_\_\_\_

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