

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: Rockford Freshman Center

Date of Drill: 9/6/17 Time Drill was held: 12:03 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2:46

Total Participants: 690 Remarks: _____

This report is for Emergency Drill

Fire# <u>2</u>	out of 5 for school year 20 <u>17</u> /20 <u>18</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: Tom Hosford

Title of person conducting drill: Principal

Signature of person conducting drill: 

Fire (fire chief or designee) present
Name and Title: Kyle Strickland Lieutenant

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