

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

X

Standard

X 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: Lakes Elementary

Date of Drill: 10.2.17

Time Drill was held: 1:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2:41

Total Participants: 568

Remarks: _____

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__/20__

Tornado# 1

out of 2 for school year 2017/2018

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: _____

Title of person conducting drill: _____

Signature of person conducting drill: _____

Fire (fire chief or designee) present

Name and Title: Michelle

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