

Scanned 10/10

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

X 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: PARKSIDE

Date of Drill: 9/27/17

Time Drill was held: 1:10 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2:02

Total Participants: 300 +

Remarks: _____

This report is for Emergency Drill Fire# 2 out of 5 for school year 2017 /2018
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: LARRY WATTERS

Title of person conducting drill: PRINCIPAL

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present
Name and Title: IAN GRAHAM

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