

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: River Valley Academy

Date of Drill: 10/17/17

Time Drill was held: 10:44 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 10:44 min

Total Participants: 35 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: Sarah Kerrish

Title of person conducting drill: Secretary

Signature of person conducting drill: Sarah Kerrish

Fire (fire chief or designee) present

Name and Title: Jacob Rasi (officer)

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