

School Emergency Drills Documentation Form

Type of Drill:

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

_____ Tornado Drill (2 required)(1 in March)

_____ Shelter in Place (1 required)

_____ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

☒ Cardiac Drill (1 required)

Time of Drill:

☒ Standard

_____ Class Change

_____ Recess

_____ Lunch

Name of Reporting School: _____

Roguewood

Date of Drill: 10-17-17

Time Drill was held: 10:30 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2:40 for AED to arrive

Total Participants: 8

Remarks: _____

This report is for Emergency Drill

Fire# _____ out of 5 for school year 20__/20__

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# 1 out of 1 for school year 2017/2018

Name of person conducting drill: _____

Doug Hagerland

Title of person conducting drill: _____

Principal

Signature of person conducting drill: _____

DH

Fire (fire chief or designee) present

Name and Title: _____

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