

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:

Valley View

Date of Drill:

10/20/2017

Time Drill was held:

10:00

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

Total Participants:

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:

Bob Siegel

Title of person conducting drill:

Principal

Signature of person conducting drill:

B. Siegel

Fire (fire chief or designee) present

Name and Title:

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