

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

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

_____ 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: _____

Cannonsburg

Date of Drill: 10/2/2017

Time Drill was held: 12:30 (a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: 5 mins 14 sec.

Total Participants: All School

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 2017/20__

Cardiac# _____ out of 1 for school year 20__/20__

Name of person conducting drill: _____

Luke Westgate

Title of person conducting drill: _____

Principal

Signature of person conducting drill: _____

Mike West

Fire (fire chief or designee) present

Name and Title: _____

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