

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

_____ 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

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

_____ Lunch

_____ Cardiac Drill (1 required)

Name of Reporting School: NRMS

Date of Drill: 11/2/2017 Time Drill was held: 1:39 (a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 1000+ 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# 2 out of 2 for school year 2017/2018

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

Name of person conducting drill: AL REICKARD

Title of person conducting drill: Asst. Principal

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present

Name and Title: [Signature] (officer)

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