

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

X Cardiac Drill (1 required)

Name of Reporting School: Rockford Freshman Center

Date of Drill: 11/2/17 Time Drill was held: 10:48 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2:30

Total Participants: 6 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: Tom Hasford

Title of person conducting drill: Principal

Signature of person conducting drill: [Signature]

School Nurse: _____

Fire (fire chief or designee) present
Name and Title: Michael A. Charles RN

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