

**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: Rockford Freshman Center

Date of Drill: 2/6/18 Time Drill was held: 1:05 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3:26

Total Participants: 680 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# 4 out of 2 for school year 2017/2018

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

Name of person conducting drill: Tom Hasford

Title of person conducting drill: Principal

Signature of person conducting drill: _____

Fire (fire chief or designee) present
Name and Title: _____

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