

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:

Valley View

Date of Drill:

3/7/18

Time Drill was held:

10:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure:

Total Participants:

700

Remarks:

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__/20__

Tornado# 2

out of 2 for school year 2017/2018

Shelter IP# _____

out of 1 for school year 20__/20__

Lockdown# _____

out of 2 for school year 20__/20__

Cardiac# _____

out of 1 for school year 20__/20__

Name of person conducting drill:

Bob Siegel

Title of person conducting drill:

BA Siegel

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