

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: North Rockford MS

Date of Drill: 4/26/18 Time Drill was held: 9:48 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 4 minutes

Total Participants: 980 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 Beckard

Title of person conducting drill: Asst. Principal

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present

Name and Title: _____

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