

**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: ERMS

Date of Drill: 5/7/18

Time Drill was held: 7:45 (a.m.) p.m.)

Exact time required to evacuate/shelter/secure: 2 min.

Total Participants: 800±

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 2018/2019

Cardiac# _____

out of 1 for school year 20__/20__

Name of person conducting drill: Shannon Queltette

Title of person conducting drill: Assistant Principal

Signature of person conducting drill: Shannon Queltette

Fire (fire chief or designee) present

Name and Title: _____

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