

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

_____ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

_____ Lunch

X Cardiac Drill (1 required)

Name of Reporting School: MDR

Date of Drill: 9/25/18 Time Drill was held: 1:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1:58

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 2018/2019

Name of person conducting drill: Linda Rohentaler

Title of person conducting drill: School nurse

Signature of person conducting drill: See attached (2nd page)

Fire (fire chief or designee) present

Name and Title: _____

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