

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: Valley View Elementary

Date of Drill: 10/3/18 Time Drill was held: 10:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 4 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#	<u>1</u>	out of 1 for school year 20 <u>18</u> /20 <u>19</u>

Name of person conducting drill: Alisha Hopkins

Title of person conducting drill: Certified Medical Assistant

Signature of person conducting drill: Alisha Hopkins

Fire (fire chief or designee) present

Name and Title: _____

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