

# School Emergency Drills Documentation Form

**Type of Drill:**

- ☒ Fire Drill (5 required - 3 by Dec. 1)  
☐ Tornado Drill (2 required - 1 in March)  
☐ Shelter in Place (2 required)  
☐ Lock-down (2 required - 1 prior to Dec. 1)

**Time of Drill:**

- ☐ Standard  
☐ Class Change  
☐ Recess  
☐ Lunch

**Name of Reporting School:**

Child Care

Date of Drill:

11/15/2018

Time Drill was held:

12:50

☐ a.m.☒ p.m.

Exact time required to evacuate/shelter/secure:

1:54

Total Participants:

51

Remarks:

This report is for the following Emergency Drill Year/Type/#:

School  
Year

2018-2019

Fire Drill #

3

Tornado #

Shelter IP #

Lock-down #

Name of person conducting drill:

Melissa Cochrill

Title of person conducting drill:

Child Care Director

Signature of person conducting drill:

Melissa Cochrill

Fire Chief present (or designee):

Title:

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