

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

X Fire Drill (5 required)(3 by 12/1)

_____ Standard

_____ Tornado Drill (2 required)(1 in March)

X 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: Lakes Elementary

Date of Drill: 3.25.19

Time Drill was held: 1:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 2 min 5 sec.

Total Participants: 533

Remarks: _____

This report is for Emergency Drill

Fire# 4

out of 5 for school year 2018 /2019

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# _____

out of 1 for school year 20____/20____

Name of person conducting drill: _____

Title of person conducting drill: _____

Signature of person conducting drill: _____

Fire (fire chief or designee) present

Name and Title: _____

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