

**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: _____

Belmont

Date of Drill: 4/26/2019

Time Drill was held: 9:00 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: _____

1:53

Total Participants: _____

393

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 Ouellette

Title of person conducting drill: _____

Principal

Signature of person conducting drill: _____

S. Ouellette

Fire (fire chief or designee) present

Name and Title: _____

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