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
X	Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)	_____	Lunch
_____	Cardiac Drill (1 required)		

Name of Reporting School: East Rockford Middle School

Date of Drill: 5-6-2019 Time Drill was held: 7:43 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 3:48

Total Participants: 900 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 20 18 /20 19

Cardiac#_____ out of 1 for school year 20___/20___

Name of person conducting drill: Joe Szymanski

Title of person conducting drill: Assistant Principal

Signature of person conducting drill: Joe S

Fire (fire chief or designee) present
Name and Title: _____

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