

**School Emergency Drills
Documentation Form**

Type of Drill:

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

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

_____ Shelter in Place (1 required)

_____ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

_____ Cardiac Drill (1 required)

Time of Drill:

X Standard

_____ Class Change

_____ Recess

_____ Lunch

Name of Reporting School: Rockford Freshman Center

Date of Drill: 5/21/19

Time Drill was held: 1:45 (a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: 2:41

Total Participants: 650

Remarks: _____

This report is for Emergency Drill

Fire# 5 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:

Kelly Amshey

Title of person conducting drill:

Asst. Principal

Signature of person conducting drill:

Kelly Amshey

Fire (fire chief or designee) present

Name and Title: _____

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