

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

Exact time required to evacuate/shelter/secure: 2 min 20 sec.

Total Participants: _____ Remarks: _____

This report is for Emergency Drill

| | |
|-------------------|---|
| Fire# <u>1</u> | out of 5 for school year 20 <u>19</u> /20 <u>20</u> |
| 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: Erin Wenger's Tracy Ignasiak

Title of person conducting drill: Secretaries

Signature of person conducting drill: E. N. Wenger Tracy Ignasiak

Fire (fire chief or designee) present

Name and Title: _____

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