

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 High School

Date of Drill:

5.6.19

Time Drill was held:

9:03

(a.m./p.m.)

Exact time required to evacuate/shelter/secure:

5 minutes

Total Participants:

2,000

Remarks:

This report is for Emergency Drill

Fire#

1

out of 5 for school year 2019/2020

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:

Scott Beckman

Title of person conducting drill:

Dist. Dir of Security

Signature of person conducting drill:

[Signature]

Fire (fire chief or designee) present

Name and Title:

[Signature]

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