

School Emergency Drills Documentation Form

Type of Drill:

Time of Drill:

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

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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: River Valley Academy

Date of Drill: 9/19/19 Time Drill was held: 10:55 (a.m./p.m.)

Exact time required to evacuate/shelter/secure: 1 min 25 sec

Total Participants: 50 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: Jenny Thompson

Title of person conducting drill: Director

Signature of person conducting drill: Jenny Thompson

Fire (fire chief or designee) present

Name and Title: Off. Brandon Bouch

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