

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)

_____ 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: _____

Date of Drill: 10/21/19

Time Drill was held: 11:00 (a.m./p.m.)

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

Total Participants: 400 Remarks: _____

This report is for Emergency Drill

Fire# <u>3</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: Shannon Duquette

Title of person conducting drill: Principal

Signature of person conducting drill: Shannon Duquette

Fire (fire chief or designee) present

Name and Title: _____

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