

School Emergency Drills Documentation Form

Type of Drill:

☒ 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 by 10/31)

Time of Drill:

☒ Standard

☐ Class Change

☐ Recess

☐ Lunch

Name of Reporting School: North Rockford m.s.

Date of Drill: 10/7/19 Time Drill was held: 12:30 (a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: all clear 12:33

Total Participants: 1000 Remarks: _____

This report is for Emergency Drill Fire# 3 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: A. REICKARD

Title of person conducting drill: ASST. PRINCIPAL

Signature of person conducting drill: [Signature]

Fire (fire chief or designee) present

Name and Title: _____

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