

**School Emergency Drills
Documentation Form**

Type of Drill:

Time of Drill:

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

X

Standard

_____ Tornado Drill (2 required)(1 in March)

Class Change

_____ Shelter in Place (1 required)

Recess

X _____ Lock Down (2 required)(1 prior to Dec 1 & 1 after Jan 1)

Lunch

_____ Cardiac Drill (1 required by 10/31)

Name of Reporting School:

North Rockford MS

Date of Drill:

11/1/19

Time Drill was held:

1:39

(a.m./p.m.) (p.m.)

Exact time required to evacuate/shelter/secure: _____

Total Participants: 1000

Remarks:

music, tunnel, gym 1:43

2nd Hall Tech, 1st Hall 1:44, media ctr 1:45
6th gr 1:45 All clear 1:46

This report is for Emergency Drill

Fire# _____

out of 5 for school year 20__/20__

Tornado# _____

out of 2 for school year 20__/20__

Shelter IP# _____

out of 1 for school year 20__/20__

Lockdown# 1

out of 2 for school year 2019/2020

Cardiac# _____

out of 1 for school year 20__/20__

Name of person conducting drill:

Al Reickard

Title of person conducting drill:

Asst. Principal

Signature of person conducting drill:

A R

Fire (fire chief or designee) present

Name and Title:

P. Valerios RDPs

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